

Available Drug List**Personal Importation Program (90-day supplies)****Medications Available for Self-Funded Plans**

Elect Rx Customer Service: 1-855-353-2879

Open 8:30AM to 4:30PM M-F

Physician Fax: 1-833-353-2879

Escribe: A & M Pharmacy, 8282 Woodward Ave. Detroit, MI 48202 313-875-2869



Drug Name	Drug Name	Drug Name	Drug Name	Drug Name	Drug Name	Drug Name
Abrilada	Combigan	Flovent HFA	Latuda	Omnaris Nasal Spray	Scemblix*	Treximet
Accrufer	Combivent	Forteo	Lenvima*	Omnitrope	Selzentry*	Trintellix
Actemra	Complera*	Fosamax D	Lexiva*	Ongentys	Serevent	Triumeq*
Akief Cream	Copaxone	Frova	Lialda	Onglyza	Silenor	Trulance
Alecensa*	Corlanor	Gemtesa	Linzees	Opzelura	Simbrinza	Trulicity 0.75mg
Alphagan P	Cosentyx	Genotropin	Litfulo	Oracea	Simponi*	Trulicity 1.5mg
Alrex	Cosopt PF	Genvoya*	Lonsurf	Oralair	Skyrizi*	Tudorza Pressair
Alvesco	Creon	Gilenya*	Lotemax Eye Drops	Orencia	Slynd	Tykerb
Amjevita	Crinone Gel	Gleostine	Lupron Depot	Orgovyx	Soliqua	Ubrelyv
Anoro Ellipta	Cuprimine	Glumetza	Lynparza*	Orilissa	Somatuline*	Velphoro
Apertude	Daliresp	Glyxambi	Mavenclad	Orthovisc	Soolantra	Veltassa
Aptiom	Daraprim	Grastek	Mayzent - 0.25MG*	Osphena	Sotyktu	Velsipity
Arazlo Lotion	Delstrigo	Hadlima	Mayzent - 2MG*	Otezla*	Spiriva	Veozah
Arnuity Ellipta	Dexilant	Hulio	Mekinst - 2MG*	Oxytrol	Spiriva Respimat	Verkazia
Asacol HD	Diclegis	Humira*	Miebo	Ozempic	Sprycel*	Verquvo 10mg
Atrovent	Dipentum	Humatrope	Mirvaso	Pentasa	Steglatro	Verzenio*
Aubagio*	Divigel	Hyrmoz	Motegrity	Pifeltro	Stelara*	Viberzi
Avonex	Dovato	Ibrance*	Movantik	Piqray*	Stendra	Victoza
Azelex	Duaklir Pressair	Ibsrela	Multaq	Plaquenil	Stiolto	Vimovo
Azilect	Dulera	Iclusig	Myfembree	Pradaxa	Stivarga	Votrient*
Azopt	Duobrii	Idacio	Myleran	Premarin	Stribild*	Vraylar
Baqsimi	Dymista	Imbruvica*	Myrbetriq	Prempro	Striverdi	Vyzulta
Basaglar	Edarbi	Incruse Ellipta	Natazia	Prestalia	Sutent - 12.5MG*	Wakix
Benlysta	Edarbyclor	Inquovi*	Nesina	Prevacid Solutab	Sutent - 25MG*	Wynzora
Bepreve	Edecrin	Intelence	Neulasta	Prezcobix	Sutent - 50MG*	Xadago
Besivance	Edurant	Intrarosa	Neupogen	Prezista*	Symbicort Inhaler	Xarelto
Betoptic S	Eliquis	Invega	Neupro	Promacta*	Symtuza*	Xeljanz
Bevespi Aerosphere	Elmiron	Invokamet	Nevanac	Pulmicort	Synarel	Xeljanz XR
Bijuva	Emtriva	Invokana	Nexavar*	Pulmozyme*	Synjardy	Xenazine
Biktarvy*	Enbrel*	Iressa*	Nexium Packets	Qulipta 30mg	Taclonex	Xerese Cream
Bimzelx	Entocort	Isentress*	Nexletol	Qulipta 60mg	Tafinlar*	Xifaxan - 200MG
Binosto	Entresto	Isentress HD*	Nexlizet	Qtern	Tagrisso*	Xifaxan - 550MG
Bosulif 100mg*	Entyvio*	Jakafi*	Nextstellis	Qvar Inhaler	Taltz*	Xigduo XR
Bosulif 500mg*	Envarsus XR	Janumet	Nitrolingual	Qvar Redihaler	Talzenna	Xiidra
Breo Ellipta	Epiduo Forte	Janumet XR	Norditropin	Rebif	Tarceva*	Xtandi
Breztri Aerosphere	Erleada*	Januvia	Noritate	Relpax	Tasmar	Yuflyma
Brilinta	Estring	Jardiance	Nubeqa	Renagel	Tasigna	Zejala
Bronchitol	EstroGel Gel	Jentaduo	Nurtec ODT	Restasis	Tivicay*	Zeposia*
Cabometyx*	Eucrisa Ointment	Jublia Topical Solution	Nuvaring	Rexulti	Toujeo Solostar	Ziana Gel
Cambia	Evotaz	Juluca*	Ocaliva*	Ridaura	Toviaz	Zolinza*
Canasa	Fareston	Kaletra*	Ocrevus	Rinvoq*	Tradjenta	Zomig Spr
Capecitabine	Farxiga	Kazano	Odefsey	Ryaltis	Travatan Z Eye Drops	Zoryve
Cequa	Ferriprox	Kerendia	Ofev 100MG*	Rybelsus	Trelegly Ellipta	Zovirax Cream
Cibinqo	Fetzima	Kesimpta*	Ofev150MG*	Sancuso	Tremfya*	Zyclara Topical Cream
Cimzia*	FIASP	Kisqali*	Olumiant*	Saphris	Tresiba	
Ciprodex Ear Drops	Flovent	Kombiglyze XR	Savaysa			

Medication must be eligible through your employer RX plan as well as, filled a minimum of one time through the RX benefit plan.

*This medication will only be dispensed as a one month supply due to the high cost of this medication.

8.2025