

NetResults Select A-Series Formulary Updates

April 2026

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit myprime.com for the most current and complete list.

- Tier 1 = preferred generic
- Tier 2 = non-preferred generic
- Tier 3 = preferred brand
- Tier 4 = non-preferred brand

Positive Changes

This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ALORA (estradiol td patch twice weekly 0.1 mg/24hr)	Brand	8/31/25	Addition to Tier 4
ANALPRAM HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Brand	9/21/25	Addition to Tier 4
ANDEMBRY (garadacimab-gxii soln auto-injector 200 mg/1.2ml)	Brand	2/1/26	Addition to Tier 3
ANZUPGO (delgocitinib cream 20 mg/gm (2%)	Brand	3/1/26	Addition to Tier 4
AURANOFIN (auranofin cap 3 mg)	Brand	11/2/25	Addition to Tier 4
BRINSUPRI (brensocatic tab 10 mg)	Brand	4/1/26	Addition to Tier 4
BRINSUPRI (brensocatic tab 25 mg)	Brand	4/1/26	Addition to Tier 4
BRUKINSA (zanubrutinib tab 160 mg)	Brand	8/24/25	Addition to Tier 3
carbidopa & levodopa orally disintegrating tab 10-100 mg	Generic	10/12/25	Move from Tier 4 to Tier 2
carbidopa & levodopa orally disintegrating tab 25-100 mg	Generic	10/12/25	Move from Tier 4 to Tier 2
carbidopa & levodopa orally disintegrating tab 25-250 mg	Generic	10/12/25	Move from Tier 4 to Tier 2
COMIRNATY 2025-26 (covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	8/31/25	Addition to Tier 3
COMIRNATY/5-11Y/2025-26 (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	Brand	8/31/25	Addition to Tier 3
CONTOUR PLUS CONTROL SOLUTION LEVEL 1 (*blood glucose calibration - liquid***)	Brand	9/28/25	Addition to Tier 3
CONTOUR PLUS CONTROL SOLUTION LEVEL 2 (*blood glucose calibration - liquid***)	Brand	9/28/25	Addition to Tier 3
DAWNZERA (donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml)	Brand	2/1/26	Addition to Tier 3
DEXCOM G7 15 DAY SENSOR (*continuous glucose system sensor***)	Brand	8/31/25	Addition to Tier 3
DOPTELET SPRINKLE (avatrombopag maleate cap sprinkle 10 mg (base equiv))	Brand	9/28/25	Addition to Tier 3
ELIQUIS (apixaban cap sprinkle 0.15 mg)	Brand	9/21/25	Addition to Tier 3
ELIQUIS (apixaban tab for oral susp 0.5 mg)	Brand	9/21/25	Addition to Tier 3
ELIQUIS (apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg))	Brand	9/21/25	Addition to Tier 3
ELIQUIS (apixaban tab for oral susp pack 4 x 0.5 mg (2 mg))	Brand	9/21/25	Addition to Tier 3
estrogens, conjugated tab 0.3 mg	Generic	10/26/25	Addition to Tier 2, generic for PREMARIN
estrogens, conjugated tab 0.45 mg	Generic	10/26/25	Addition to Tier 2, generic for PREMARIN
estrogens, conjugated tab 0.625 mg	Generic	10/26/25	Addition to Tier 2, generic for PREMARIN
estrogens, conjugated tab 0.9 mg	Generic	10/26/25	Addition to Tier 2, generic for PREMARIN
estrogens, conjugated tab 1.25 mg	Generic	10/26/25	Addition to Tier 2, generic for PREMARIN
EVEXITHROID (thyroid tab 15 mg (1/4 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 30 mg (1/2 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 45 mg (3/4 grain))	Brand	11/2/25	Addition to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
EVEXITHROID (thyroid tab 60 mg (1 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 75 mg (1 1/4 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 90 mg (1 1/2 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 120 mg (2 grain))	Brand	11/2/25	Addition to Tier 4
EVEXITHROID (thyroid tab 180 mg (3 grain))	Brand	11/2/25	Addition to Tier 4
FIBRYGA (fibrinogen concentrate (human) for iv soln 2 gm)	Brand	9/14/25	Addition to Tier 3
glycerol phenylbutyrate liquid 1.1 gm/ml	Generic	10/19/25	Addition to Tier 2, generic for RAVICTI
HERNEXEOS (zongertinib tab 60 mg)	Brand	4/1/26	Addition to Tier 4
KERENDIA (finerenone tab 40 mg)	Brand	3/1/26	Addition to Tier 3
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg)	Brand	10/12/25	Addition to Tier 4
KOSELUGO (selumetinib sulfate cap sprinkle 7.5 mg)	Brand	10/12/25	Addition to Tier 4
LEQSELVI (deuruxolitinib phosphate tab 8 mg (base equiv))	Brand	4/1/26	Move from non-covered to Tier 4
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	Generic	8/31/25	Addition to <i>Weight Management component</i> , generic for SAXENDA
MODEYSO (dordaviprone hcl cap 125 mg)	Brand	4/1/26	Addition to Tier 4
NUVAXOVID COVID-19 VACCINE/2025-26 (covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)	Brand	9/14/25	Addition to Tier 3
OTEZLA XR (apremilast tab er 24hr 75 mg)	Brand	9/28/25	Addition to Tier 3
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK (apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg)	Brand	9/28/25	Addition to Tier 3
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Brand	11/9/25	Addition to Tier 3
phentermine hcl tab 8 mg (Lomaira)	Generic	9/7/25	Move from Tier 4 of <i>Weight Loss component</i> to Tier 2 of <i>Weight Loss component</i>
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Brand	11/9/25	Addition to Tier 4
progesterone vaginal insert 100 mg	Generic	10/19/25	Addition to <i>Infertility component</i> , generic for ENDOMETRIN
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 12.5 mg/0.25ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 15 mg/0.3ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 17.5 mg/0.35ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 20 mg/0.4ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 22.5 mg/0.45ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 25 mg/0.5ml)	Brand	10/15/25	Move from non-covered to Tier 3
RASUVO (methotrexate soln pf auto-injector 30 mg/0.6ml)	Brand	10/15/25	Move from non-covered to Tier 3
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5ml)	Brand	10/26/25	Addition to Tier 3 of <i>Included OP Biosimilar component</i>
SEPHIENCE (sepiapterin powder packet 250 mg)	Brand	3/1/26	Addition to Tier 4
SEPHIENCE (sepiapterin powder packet 1000 mg)	Brand	3/1/26	Addition to Tier 4
TRYPTYR (acoltremon ophth soln 0.003%)	Brand	2/1/26	Addition to Tier 4
YEZTUGO (lenacapavir sodium subcutaneous soln 463.5 mg/1.5ml)	Brand	2/1/26	Addition to Tier 3
YEZTUGO (lenacapavir sodium tab 300 mg)	Brand	2/1/26	Addition to Tier 3
ZURNAL (nalmeffene hcl soln auto-injector 1.5 mg/0.5ml (base equiv))	Brand	4/1/26	Addition to Tier 3

continued

Negative Changes

This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
DROXIA (hydroxyurea cap 200 mg)	Brand	7/1/26	Removal from Tier 4, no longer covered
DROXIA (hydroxyurea cap 300 mg)	Brand	7/1/26	Removal from Tier 4, no longer covered
DROXIA (hydroxyurea cap 400 mg)	Brand	7/1/26	Removal from Tier 4, no longer covered
ERYTHROMYCIN (erythromycin gel 2%)	Brand	4/1/26	Move from Tier 2 to Tier 4
GRALISE (gabapentin (once-daily) tab 450 mg)	Brand	4/1/26	Removal from Tier 4, no longer covered
GRALISE (gabapentin (once-daily) tab 750 mg)	Brand	4/1/26	Removal from Tier 4, no longer covered
GRALISE (gabapentin (once-daily) tab 900 mg)	Brand	4/1/26	Removal from Tier 4, no longer covered
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Brand	4/1/26	Removal from Tier 1, no longer covered
KLOR-CON 10 (potassium chloride tab er 10 meq)	Brand	4/1/26	Removal from Tier 1, no longer covered
MEMANTINE HCL TITRATION PAK (memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack)	Brand	7/1/26	Move from Tier 2 to Tier 4
OFLOXACIN (ofloxacin tab 400 mg)	Brand	4/1/26	Move from Tier 2 to Tier 4
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/ml)	Brand	4/1/26	Removal from Tier 4, no longer covered
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml))	Brand	4/1/26	Removal from <i>Weight Management component</i> , no longer covered
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Brand	4/1/26	Move from Tier 2 to Tier 4
topiramate cap er 24hr 25 mg	Generic	7/1/26	Removal from Tier 2, no longer covered
topiramate cap er 24hr 50 mg	Generic	7/1/26	Removal from Tier 2, no longer covered
topiramate cap er 24hr 100 mg	Generic	7/1/26	Removal from Tier 2, no longer covered
topiramate cap er 24hr 200 mg	Generic	7/1/26	Removal from Tier 2, no longer covered
VELTASSA (patiomer sorbitex calcium for susp packet 1 gm (base eq))	Brand	7/1/26	Removal from Tier 3, no longer covered
VELTASSA (patiomer sorbitex calcium for susp packet 8.4 gm (base eq))	Brand	7/1/26	Removal from Tier 3, no longer covered
VELTASSA (patiomer sorbitex calcium for susp packet 16.8 gm (base eq))	Brand	7/1/26	Removal from Tier 3, no longer covered
VELTASSA (patiomer sorbitex calcium for susp packet 25.2 gm (base eq))	Brand	7/1/26	Removal from Tier 3, no longer covered

continued

New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ACAM2000 (*smallpox vaccine for percutaneous inj**)	Brand	10/26/25	Non-covered
ADALIMUMAB-RYVK (1 PEN) (adalimumab-ryvk auto-injector kit 80 mg/0.8ml)	Brand	9/14/25	Non-covered, <i>Excluded OP Biosimilar Component</i>
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 3.1 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 6.3 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 9.4 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 12.5 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 15.7 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AMPHETAMINE ER ODT (amphetamine tab extended release disintegrating 18.8 mg)	Brand	8/31/25	Non-covered, Authorized Generic of ADZENYS XR
AVTOZMA (tocilizumab-anoh iv inj 80 mg/4ml)	Brand	9/21/25	Non-covered
AVTOZMA (tocilizumab-anoh iv inj 200 mg/10ml)	Brand	9/21/25	Non-covered
AVTOZMA (tocilizumab-anoh iv inj 400 mg/20ml)	Brand	9/21/25	Non-covered
AZMIRO (testosterone cypionate im soln pref syringe in oil 200 mg/ml)	Brand	4/1/26	Non-covered
BEIZRAY (docetaxel 2 x 80 mg/4ml & albumin 25%(50 ml) for iv infusion)	Brand	10/12/25	Non-covered
BEIZRAY (docetaxel 80 mg/4ml & albumin 25% (50 ml) for iv infusion)	Brand	10/12/25	Non-covered
BILDYOS (denosumab-nxxp inj soln prefilled syringe 60 mg/ml)	Brand	1/1/26	Non-covered
BILPREVDA (denosumab-nxxp inj 120 mg/1.7ml)	Brand	1/1/26	Non-covered
BINAXNOW COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Brand	10/26/25	Non-covered, <i>Covid-19 Test component</i>
BLNREP (belantamab mafodotin-blmf for iv soln 70 mg)	Brand	11/2/25	Non-covered
BLUJEPA (gepotidacin mesylate tab 750 mg)	Brand	4/1/26	Non-covered
BOMYNTRA (denosumab-bnht inj 120 mg/1.7ml)	Brand	4/1/26	Non-covered
BOMYNTRA (denosumab-bnht inj soln prefilled syringe 120 mg/1.7ml)	Brand	4/1/26	Non-covered
BREKIYA (dihydroergotamine mesylate soln auto-inj 1 mg/ml)	Brand	4/1/26	Non-covered
BRYNOVIN (sitagliptin hydrochloride oral soln 25 mg/ml)	Brand	4/1/26	Non-covered
BYNFEZIA PEN (octreotide acetate soln pen-injector 2500 mcg/ml (2.8 ml))	Brand	4/1/26	Non-covered
CARESENS S BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	9/28/25	Non-covered
CHANTIX (varenicline tartrate tab 0.5 mg (base equiv))	Brand	10/16/25	Non-covered
CHANTIX (varenicline tartrate tab 1 mg (base equiv))	Brand	10/16/25	Non-covered
CHANTIX CONTINUING MONTH PAK (varenicline tartrate tab 1 mg (base equiv))	Brand	9/28/25	Non-covered
CHANTIX STARTING MONTH PAK (varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack)	Brand	9/28/25	Non-covered
CLEMSZA (clemastine fumarate tab 2.68 mg)	Brand	8/31/25	Non-covered
CONEXXENCE (denosumab-bnht inj soln prefilled syringe 60 mg/ml)	Brand	4/1/26	Non-covered
dalbavancin hcl for iv soln 500 mg (base equivalent)	Generic	11/2/25	Non-covered, generic for DALVANCE
DROXIA (hydroxyurea cap 200 mg)	Brand	4/1/26	Non-covered
DROXIA (hydroxyurea cap 300 mg)	Brand	4/1/26	Non-covered
DROXIA (hydroxyurea cap 400 mg)	Brand	4/1/26	Non-covered
ECONAZOLE NITRATE (econazole nitrate foam 1%)	Brand	9/21/25	Non-covered
EGRIFTA WR (tesamorelin acetate for subcutaneous soln kit 11.6 mg)	Brand	4/1/26	Non-covered
EKTERLY (sebetralstat tab 300 mg)	Brand	4/1/26	Non-covered
ENFIT THUMB CONTROL IRRIGATION SYRINGE/60 ML (*enteral nutrition supplies - misc**)	Brand	9/7/25	Non-covered
ESCITALOPRAM OXALATE (escitalopram oxalate cap 15 mg (base equiv))	Brand	9/28/25	Non-covered
E-Z-DISK (barium sulfate tab 700 mg)	Brand	10/5/25	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
FLUTICASONE FUROATE ELLIPTA (fluticasone furoate aerosol powder breath activ 50 mcg/act)	Brand	4/1/26	Non-covered
FLUTICASONE FUROATE ELLIPTA (fluticasone furoate aerosol powder breath activ 100 mcg/act)	Brand	4/1/26	Non-covered
FLUTICASONE FUROATE ELLIPTA (fluticasone furoate aerosol powder breath activ 200 mcg/act)	Brand	4/1/26	Non-covered
gabapentin (once-daily) tab 450 mg	Generic	10/12/25	Non-covered, generic for GRALISE
gabapentin (once-daily) tab 750 mg	Generic	10/12/25	Non-covered, generic for GRALISE
gabapentin (once-daily) tab 900 mg	Generic	10/12/25	Non-covered, generic for GRALISE
GOZELLIX CONFIGURATION A (gallium ga 68 gozetotide (psma-11) iv for soln kit 25 mcg)	Brand	10/12/25	Non-covered
GOZELLIX CONFIGURATION B (gallium ga 68 gozetotide (psma-11) iv for soln kit 25 mcg)	Brand	10/12/25	Non-covered
GVOKE VIALDX (glucagon diagnostic iv soln 1 mg/0.2ml)	Brand	8/24/25	Non-covered
HARLIKU (nitisinone (aku) tab 2 mg)	Brand	4/1/26	Non-covered
INJECTAFER (ferric carboxymaltose iv soln 1000 mg/20ml (fe equivalent))	Brand	9/28/25	Non-covered
iron sucrose inj 20 mg/ml (fe equiv)	Generic	9/28/25	Non-covered
JOBEVNE (bevacizumab-nwgd iv soln 100 mg/4ml (for infusion))	Brand	8/24/25	Non-covered
JOBEVNE (bevacizumab-nwgd iv soln 400 mg/16ml (for infusion))	Brand	8/24/25	Non-covered
KIRSTY (insulin aspart-xjhz inj soln 100 unit/ml)	Brand	4/1/26	Non-covered
KIRSTY (insulin aspart-xjhz soln pen-injector 100 unit/ml)	Brand	4/1/26	Non-covered
KRYSTEXXA (pegloticase inj 8 mg/50ml (for iv infusion))	Brand	9/28/25	Non-covered
KT TAPE CGM PATCH/BEIGE (*continuous glucose monitor supplies***)	Brand	9/21/25	Non-covered
KYXATA (carboplatin iv soln 80 mg/8ml)	Brand	8/24/25	Non-covered
KYXATA (carboplatin iv soln 500 mg/50ml)	Brand	8/24/25	Non-covered
LEQEMBI IQLIK (lecanemab-irmb soln auto-inj 360 mg/1.8ml)	Brand	4/1/26	Non-covered
LURBIRO (flurbiprofen tab 100 mg)	Brand	8/31/25	Non-covered
LUTRATE DEPOT (leuprolide acetate (3 month) for inj 22.5 mg)	Brand	4/1/26	Non-covered
manganese chloride inj 0.1 mg/ml	Generic	11/2/25	Non-covered, generic for MANGANESE
MEDTRONIC MINIMED 780G (*insulin infusion pump - kit***)	Brand	10/19/25	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 100 mg/100ml-sodium chloride 0.8% pf iv solution)	Brand	11/2/25	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 50 mg/50ml-sodium chloride 0.8% pf iv soln)	Brand	11/2/25	Non-covered
MINIMED INSTINCT GLUCOSE SENSOR (*continuous glucose system sensor***)	Brand	10/5/25	Non-covered
MIUDELLA COPPER INTRAUTERINE SYSTEM (*copper iud**)	Brand	4/1/26	Non-covered
NERIVIO INFINITY (*nerve stimulator devices***)	Brand	10/12/25	Non-covered
NERIVIO INFINITY REFILL (*nerve stimulator devices***)	Brand	10/12/25	Non-covered
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.86%	Generic	9/14/25	Non-covered
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.83%	Generic	9/14/25	Non-covered
NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE (norepinephrine-nacl iv solution 32 mg/250ml-0.9%)	Brand	11/9/25	Non-covered
ONENATAL RX (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Brand	10/19/25	Non-covered
ORLYNVAH (sulopenem etzadroxil-probenecid tab 500-500 mg)	Brand	4/1/26	Non-covered
OSPOMYV (denosumab-dssb inj soln prefilled syringe 60 mg/ml)	Brand	10/26/25	Non-covered
OTULFI (ustekinumab-aaaz subcutaneous soln 45 mg/0.5ml)	Brand	10/1/25	Non-covered, Excluded OP Biosimilar Component
PAPZIMEOS (zopapogene imadenovec-drba subcut susp 500000000000 pu/ml)	Brand	4/1/26	Non-covered
phenylephrine hcl (pf) iv soln 0.5 mg/5ml (100 mcg/ml)	Generic	10/5/25	Non-covered
PHYRAGO (dasatinib tab 20 mg)	Brand	4/1/26	Non-covered
PHYRAGO (dasatinib tab 50 mg)	Brand	4/1/26	Non-covered
PHYRAGO (dasatinib tab 70 mg)	Brand	4/1/26	Non-covered
PHYRAGO (dasatinib tab 80 mg)	Brand	4/1/26	Non-covered
PHYRAGO (dasatinib tab 100 mg)	Brand	4/1/26	Non-covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
PHYRAGO (dasatinib tab 140 mg)	Brand	4/1/26	Non-covered
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL (piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml)	Brand	10/26/25	Non-covered
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg (base eq))	Brand	10/12/25	Non-covered, Authorized Generic of <i>ORAPRED ODT</i>
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 15 mg (base eq))	Brand	10/12/25	Non-covered, Authorized Generic of <i>ORAPRED ODT</i>
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 30 mg (base eq))	Brand	10/12/25	Non-covered, Authorized Generic of <i>ORAPRED ODT</i>
PYRIDOSTIGMINE BROMIDE ER (pyridostigmine bromide tab er 24hr 105 mg (protective))	Brand	4/1/26	Non-covered
RYONCIL (remestemcel-l-rknd 9 x 3.8 ml susp for iv infusion kit)	Brand	10/5/25	Non-covered
RYONCIL (remestemcel-l-rknd 10 x 3.8 ml susp for iv infusion kit)	Brand	10/5/25	Non-covered
RYONCIL (remestemcel-l-rknd 11 x 3.8 ml susp for iv infusion kit)	Brand	10/5/25	Non-covered
RYONCIL (remestemcel-l-rknd 12 x 3.8 ml susp for iv infusion kit)	Brand	10/5/25	Non-covered
sapropterin dihydrochloride powder packet 100 mg (Zelvysia)	Generic	9/14/25	Non-covered
sapropterin dihydrochloride powder packet 500 mg (Zelvysia)	Generic	9/14/25	Non-covered
STARJEMZA (ustekinumab-hmny iv soln 130 mg/26ml (5 mg/ml) (for iv inf))	Brand	11/2/25	Non-covered
tacrolimus inj 5 mg/ml	Generic	11/9/25	Non-covered, generic for <i>PROGRAF</i>
THEOPHYLLINE ER (theophylline tab er 12hr 100 mg)	Brand	11/9/25	Non-covered
THEOPHYLLINE ER (theophylline tab er 12hr 200 mg)	Brand	11/9/25	Non-covered
TRANSDERM SCOP (scopolamine td patch 72hr 1 mg/3days)	Brand	11/2/25	Non-covered
TYRUKO (natalizumab-sztn for iv inj conc 300 mg/15ml)	Brand	9/28/25	Non-covered
TYZAVAN (vancomycin hcl iv soln 1000 mg/200ml (base equivalent))	Brand	10/26/25	Non-covered
UMECLIDINIUM/VILANTEROL ELLIPTA (umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act)	Brand	4/1/26	Non-covered
UNLOXCYT (cosbelimab-ipdl soln for iv infusion 300 mg/5ml (60 mg/ml))	Brand	8/31/25	Non-covered
USTEKINUMAB-AAUZ (ustekinumab-aaaz soln prefilled syringe 45 mg/0.5ml)	Brand	11/9/25	Non-covered, <i>Excluded OP Biosimilar Component</i>
USTEKINUMAB-AAUZ (ustekinumab-aaaz soln prefilled syringe 90 mg/ml)	Brand	11/9/25	Non-covered, <i>Excluded OP Biosimilar Component</i>
VABRINTY (leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg)	Brand	4/1/26	Non-covered
VABRINTY (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Brand	4/1/26	Non-covered
VABRINTY (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Brand	4/1/26	Non-covered
VISTASEAL (*fibrinogen-thrombin prefilled syringe kit 2 ml***)	Brand	4/1/26	Non-covered
VISTASEAL (*fibrinogen-thrombin prefilled syringe kit 4 ml***)	Brand	4/1/26	Non-covered
VISTASEAL (*fibrinogen-thrombin prefilled syringe kit 10 ml***)	Brand	4/1/26	Non-covered
VIZZ (aceclidine hcl ophth soln 1.44%)	Brand	4/1/26	Non-covered, <i>Vision Enhancement component</i>
WAYRILZ (rilzabrutinib tab 400 mg)	Brand	4/1/26	Non-covered
WEED MIX #7B (*weed mixed allergen inj 1:20***)	Brand	4/1/26	Non-covered
XEROFORM OCCLUSIVE GAUZE STRIP OVERWRAP 5"X9" (*bismuth tribromophenate-petrolatum dressing - misc***)	Brand	10/16/25	Non-covered
YIMMUGO (immune globulin (human)-dira iv soln 5 gm/50ml)	Brand	10/5/25	Non-covered
YIMMUGO (immune globulin (human)-dira iv soln 10 gm/100ml)	Brand	10/5/25	Non-covered
YIMMUGO (immune globulin (human)-dira iv soln 20 gm/200ml)	Brand	10/5/25	<i>Non-covered</i>
ZANAFLEX (tizanidine hcl cap 8 mg (base equivalent))	Brand	9/28/25	<i>Non-covered</i>
ZORYVE (roflumilast cream 0.05%)	Brand	10/12/25	<i>Non-covered</i>
ZUSDURI (mitomycin for intravesical soln 2 x 40 mg (80 mg total))	Brand	4/1/26	<i>Non-covered</i>