NetResults Select (A-Series) Formulary Updates

July 2025

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
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	4/1/25	Addition to Tier 3
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)	Brand	4/1/25	Addition to Tier 3
AQNEURSA (levacetylleucine for susp packet 1 gm)	Brand	5/1/25	Addition to Tier 4
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Brand	7/1/25	Addition to Tier 3
cimetidine hcl soln 300 mg/5ml	Generic	1/12/25	Move from Tier 4
ciprofloxacin hcl otic soln 0.2% (base equivalent)	Generic	11/24/24	Addition to Tier 2, generic for CETRAXAL
ciprofloxacin hcl otic soln 0.2% (base equivalent)	Generic	11/24/24	Move from Tier 4 to Tier 2
CLEMASTINE FUMARATE (clemastine fumarate tab 2.68 mg)	Brand	12/1/24	Addition to Tier 4
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml)	Brand	7/1/25	Addition to Tier 3
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml)	Brand	7/1/25	Addition to Tier 3
EMROSI (minocycline hcl micronized (rosacea) capsule er 24hr 40 mg)	Brand	7/1/25	Addition to Tier 4
esomeprazole magnesium for delayed release susp pack 2.5 mg	Generic	1/12/25	Addition to Tier 2, generic for NEXIUM granules for oral susp pack
esomeprazole magnesium for delayed release susp packet 5 mg	Generic	1/12/25	Addition to Tier 2, generic for NEXIUM granules for oral susp pack
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Brand	2/2/25	Addition to Tier 3
ERZOFRI (paliperidone palmitate er susp pref syr 117 mg/0.75ml)	Brand	7/1/25	Addition to Tier 4
ERZOFRI (paliperidone palmitate er susp pref syr 156 mg/ml)	Brand	7/1/25	Addition to Tier 4
ERZOFRI (paliperidone palmitate er susp pref syr 234 mg/1.5ml)	Brand	7/1/25	Addition to Tier 4
ERZOFRI (paliperidone palmitate er susp pref syr 351 mg/2.25ml)	Brand	7/1/25	Addition to Tier 4
ERZOFRI (paliperidone palmitate er susp pref syr 39 mg/0.25ml)	Brand	7/1/25	Addition to Tier 4
ERZOFRI (paliperidone palmitate er susp pref syr 78 mg/0.5ml)	Brand	7/1/25	Addition to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Brand	11/17/24	Addition to Tier 3
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml)	Brand	7/1/25	Addition to Tier 4
ITOVEBI (inavolisib tab 3 mg)	Brand	7/1/25	Addition to Tier 3
ITOVEBI (inavolisib tab 9 mg)	Brand	7/1/25	Addition to Tier 3
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucl)for inj 4000 unit)	Brand	1/12/25	Addition to Tier 3
LIVDELZI (seladelpar lysine cap 10 mg)	Brand	7/1/25	Move from non-coverd to Tier 4
mesna tab 400 mg	Generic	1/19/25	Addition to Tier 2, generic for MESNA
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2ml (25 mg/ml))	Brand	11/24/24	Addition to Tier 4
morphine sulfate oral soln 20 mg/5ml	Generic	1/19/25	Move from Tier 4 to Tier 2
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Brand	7/1/25	Move from non-coverd to Tier 3
NIMODIPINE (nimodipine oral soln 60 mg/20ml (3 mg/ml))	Brand	1/5/25	Addition to Tier 4
NITAZOXANIDE (nitazoxanide tab 500 mg)	Brand	4/1/25	Move from Tier 4 to Tier 3
nizatidine cap 150 mg	Generic	12/15/24	Move from Tier 4
PREVYMIS (letermovir pellet pack 20 mg)	Brand	1/19/25	Addition to Tier 4
PREVYMIS (letermovir pellet pack 120 mg)	Brand	1/19/25	Addition to Tier 4
REVUFORJ (revumenib citrate tab 110 mg)	Brand	7/1/25	Addition to Tier 4
REVUFORJ (revumenib citrate tab 160 mg)	Brand	7/1/25	Addition to Tier 4
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Brand	2/2/25	Move from non-coverd to Tier 4
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition to Tier 3
SELARSDI (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition to Tier 3
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml)	Brand	2/2/25	Addition to Tier 3
SIMLANDI (adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml)	Brand	2/2/25	Addition to Tier 3
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition to Tier 3
STEQEYMA (ustekinumab-stba soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition to Tier 3
TOPIRAMATE (topiramate sprinkle cap 50 mg)	Brand	1/19/25	Addition to Tier 4
VORTEX NON ELECTROSTATIC VALVED HOLDING CHAMBER (*spacer/aerosol-holding chambers - device***)	Brand	12/22/24	Addition to Tier 3
VORTEX VALVED CHAMBER/PED IATRIC/MED MASK/NON ELECTROSTATIC (*spacer/aerosol-holding chambers - device***)	Brand	2/2/25	Addition to Tier 3
VYALEV (foslevodopa-foscarbidopa subcutaneous inj 240-12 mg/ml)	Brand	6/1/25	Addition to Tier 4
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent))	Brand	7/1/25	Move from non-coverd to Tier 4
WAKIX (pitolisant hcl tab 17.8 mg (base equivalent))	Brand	7/1/25	Move from non-coverd to Tier 4
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Addition to Tier 3
YESINTEK (ustekinumab-kfce soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Addition to Tier 3
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)	Brand	7/1/25	Addition to Tier 3
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq))	Brand	5/1/25	Addition to Tier 4
YORVIPATH (palopegteriparatide pen-inj 294 mcg/0.98ml (teriparatide eq))	Brand	5/1/25	Addition to Tier 4
YORVIPATH (palopegteriparatide pen-inj 420 mcg/1.4ml (teriparatide eq))	Brand	5/1/25	Addition to Tier 4

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
ALCLOMETASONE DIPROPIONAT E (alclometasone dipropionate oint 0.05%)	Brand	7/1/25	Move from Tier 2 to Tier 4
DROSPIRENONE/ETHINYL ESTR ADIOL/LEVOMEFOLATE CALCIUM (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Brand	10/1/25	Move from Tier 2 to Tier 4
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg)	Brand	7/1/25	Move from Tier 2 to Tier 4
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 20 mg)	Brand	7/1/25	Move from Tier 1 to Tier 4
MESNEX (mesna tab 400 mg)	Brand	7/1/25	Removal from Tier 3, no longer covered
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2ml (25 mg/ml))	Brand	7/1/25	Move from Tier 1 to Tier 4
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml))	Brand	7/1/25	Removal from Tier 2, no longer covered
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5ml)	Brand	7/1/25	Removal from Tier 4, no longer covered
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg)	Brand	7/1/25	Removal from Tier 3, no longer covered
NEXIUM (esomeprazole magnesium for delayed release susp packet 5 mg)	Brand	7/1/25	Removal from Tier 3, no longer covered
NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))	Brand	7/1/25	Removal from Tier 2, no longer covered
OCALIVA (obeticholic acid tab 5 mg)	Brand	7/1/25	Removal from Tier 4, no longer covered
OCALIVA (obeticholic acid tab 10 mg)	Brand	7/1/25	Removal from Tier 4, no longer covered
OXBRYTA (voxelotor tab 300 mg)	Brand	7/1/25	Removal from Tier 4, no longer covered
OXBRYTA (voxelotor tab 500 mg)	Brand	7/1/25	Removal from Tier 4, no longer covered
OXBRYTA (voxelotor tab for oral susp 300 mg)	Brand	7/1/25	Removal from Tier 4, no longer covered
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Brand	7/1/25	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
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.4ml)	Brand	7/1/25	Non-covered
AMJEVITA (adalimumab-atto soln auto-injector 80 mg/0.8ml)	Brand	7/1/25	Non-covered
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.2ml)	Brand	7/1/25	Non-covered
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.4ml)	Brand	7/1/25	Non-covered
AUCATZYL (obecabtagene autoleucel iv susp 410,000,000 cells)	Brand	11/24/24	Non-covered
AXTLE (pemetrexed dipotassium for iv soln 100 mg (base equiv))	Brand	12/8/24	Non-covered
AXTLE (pemetrexed dipotassium for iv soln 500 mg (base equiv))	Brand	12/8/24	Non-covered
BIZENGRI (zenocutuzumab-zbco iv soln pack 375 mg/18.75ml (750 mg dose))	Brand	1/5/25	Non-covered
BORUZU (bortezomib inj 3.5 mg/1.4ml)	Brand	7/1/25	Non-covered
CLEMASTINE FUMARATE (clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq))	Brand	12/1/24	Non-covered
COBENFY (xanomeline tartrate-trospium chloride cap 50-20 mg)	Brand	7/1/25	Non-covered
COBENFY (xanomeline tartrate-trospium chloride cap 100-20 mg)	Brand	7/1/25	Non-covered
COBENFY (xanomeline tartrate-trospium chloride cap 125-30 mg)	Brand	7/1/25	Non-covered
COBENFY STARTER PACK (xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg)	Brand	7/1/25	Non-covered
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	12/22/24	Non-covered
DANZITEN (nilotinib tartrate tab 71 mg (base equivalent))	Brand	7/1/25	Non-covered
DANZITEN (nilotinib tartrate tab 95 mg (base equivalent))	Brand	7/1/25	Non-covered
DATROWAY (datopotamab deruxtecan-dlnk for iv soln 100 mg)	Brand	1/26/25	Non-covered
DILANTIN (phenytoin sodium extended cap 100 mg)	Brand	12/15/24	Non-covered
EDARAVONE (edaravone inj 60 mg/100ml (0.6 mg/ml))	Brand	11/24/24	Non-covered
ENFIT AMBER LOW DOSE TIP SYRINGE/0.5ML (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT AMBER LOW DOSE TIP SYRINGE/1ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER LOW DOSE TIP SYRINGE/3ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER SYRINGE/5ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER SYRINGE/10ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER SYRINGE/20ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER SYRINGE/35ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT AMBER SYRINGE/60ML (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT CAP (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT IRRIGATION KIT (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT IRRIGATION SYRINGE/ THUMB CONTROL RING/60ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT LOW DOSE TIP SYRING E/1ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT LOW DOSE TIP SYRING E/3ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT MEDICINE STRAW 2"/5 CM (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT MEDICINE STRAW 4"/1 0CM (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT MEDICINE STRAW 6"/1 5CM (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ENFIT POP ON CAP (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT SCREW ON CAP (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT SYRINGE/5ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT SYRINGE/35ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT SYRINGE/60ML (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ENFIT TIP SYRINGE/5ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT TIP SYRINGE/10ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT TIP SYRINGE/20ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT TIP SYRINGE/35ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT TIP SYRINGE/60ML (*enteral nutrition supplies - misc**)	Brand	1/12/25	Non-covered
ENFIT TRANSITION CONNECTO R (*enteral nutrition supplies - misc**)	Brand	1/19/25	Non-covered
ephedrine sulfate prefilled syringe 25 mg/5ml (5 mg/ml)	Generic	12/29/24	Non-covered, generic for AKOVAZ
epinephrine inj 1 mg/ml	Generic	12/8/24	Non-covered
FENOPRON (fenoprofen calcium cap 300 mg)	Brand	1/19/25	Non-covered
FLYRCADO (flurpiridaz f 18 iv soln 5-55 mci/ml (190-2,050 mbq/ml))	Brand	2/9/25	Non-covered
FREESTYLE PRECISION NEO B LOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	1/19/25	Non-covered
FRINDOVYX (cyclophosphamide iv soln 1 gm/2ml (500 mg/ml))	Brand	2/9/25	Non-covered
FRINDOVYX (cyclophosphamide iv soln 2 gm/4ml (500 mg/ml))	Brand	2/9/25	Non-covered
FRINDOVYX (cyclophosphamide iv soln 500 mg/ml)	Brand	2/9/25	Non-covered
FULVICIN P/G 165 (griseofulvin ultramicrosize tab 165 mg)	Brand	2/2/25	Non-covered
GABARONE (gabapentin tab 100 mg)	Brand	1/12/25	Non-covered
GABARONE (gabapentin tab 400 mg)	Brand	1/12/25	Non-covered
GANIRELIX ACETATE (ganirelix acetate soln prefilled syringe 250 mcg/0.5ml)	Brand	12/22/24	Non-covered
GRISEOFULVIN ULTRAMICROSI ZE (griseofulvin ultramicrosize tab 165 mg)	Brand	2/9/25	Non-covered
HERCESSI (trastuzumab-strf for iv soln 150 mg)	Brand	12/8/24	*Non-covered*
HERCESSI (trastuzumab-strf for iv soln 420 mg)	Brand	12/8/24	Non-covered
HYDROCORTISONE (hydrocortisone soln 2.5%)	Brand	7/1/25	Non-covered
INDIUM IN 111 PENTETREOTI DE KIT (indium in-111 pentetreotide kit)	Brand	1/12/25	Non-covered
LABETALOL HYDROCHLORIDE (labetalol hcl tab 400 mg)	Brand	12/22/24	Non-covered
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	Generic	12/29/24	Non-covered, generic for VICTOZA
LYRICA (pregabalin cap 50 mg)	Brand	11/24/24	Non-covered
LYRICA (pregabalin cap 150 mg)	Brand	11/17/24	Non-covered
MATERNACEL (*prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)**)	Brand	1/19/25	Non-covered
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Generic	1/12/25	Non-covered, generic for NAMZARIC
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Generic	1/12/25	Non-covered, generic for NAMZARIC
METFORMIN HYDROCHLORIDE (metformin hcl tab 750 mg)	Brand	1/12/25	Non-covered
methohexital sodium for inj 500 mg	Generic	12/15/24	Non-covered, generic for BREVITAL
METRONIDAZOLE (metronidazole tab 125 mg)	Brand	1/19/25	Non-covered
MICAFUNGIN SODIUM/SODIUM CHLORIDE (micafungin in sodium chloride 0.9% iv solution 150 mg/150ml)	Brand	11/17/24	Non-covered
MIPLYFFA (arimoclomol citrate cap 47 mg)	Brand	7/1/25	Non-covered
MIPLYFFA (arimoclomol citrate cap 62 mg)	Brand	7/1/25	Non-covered
MIPLYFFA (arimoclomol citrate cap 93 mg)	Brand	7/1/25	Non-covered
MIPLYFFA (arimoclomol citrate cap 124 mg)	Brand	7/1/25	Non-covered
NEOSTIGMINE METHYLSULFATE (neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml))	Brand	2/9/25	Non-covered
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%	Generic	11/24/24	Non-covered
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%	Generic	11/24/24	Non-covered
NIKTIMVO (axatilimab-csfr iv soln 9 mg/0.18ml)	Brand	2/2/25	Non-covered
NIKTIMVO (axatilimab-csfr iv soln 22 mg/0.44ml)	Brand	2/2/25	Non-covered
NYPOZI (filgrastim-txid soln prefilled syringe 300 mcg/0.5ml)	Brand	7/1/25	Non-covered
NYPOZI (filgrastim-txid soln prefilled syringe 480 mcg/0.8ml) (ocrelizumab-hyaluronidase-ocsq inj 920-23000 mg-unit/23ml)	Brand	7/1/25	Non-covered
OPIPZA (aripiprazole oral film 2 mg)	Brand	7/1/25	Non-covered
OPIPZA (aripiprazole oral film 5 mg)	Brand	7/1/25	Non-covered
OPIPZA (aripiprazole oral film 10 mg)	Brand	7/1/25	Non-covered
PAVBLU (aflibercept-ayyh intravitreal inj 2 mg/0.05ml (40 mg/ml))	Brand	7/1/25	Non-covered
PAVBLU (aflibercept-ayyh intravitreal soln pref syr 2 mg/0.05ml)	Brand	7/1/25	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
PEMETREXED (pemetrexed dipotassium for iv soln 100 mg (base equiv))	Brand	12/1/24	Non-covered
PEMETREXED (pemetrexed dipotassium for iv soln 500 mg (base equiv))	Brand	12/1/24	Non-covered
PENICILLIUM CHRYSOGENUM V AR CHRYSOGENUM EXTRACT (penicillium notatum inj 1:20)	Brand	1/12/25	Non-covered
prucalopride succinate tab 1 mg (base equivalent)	Generic	1/5/25	Non-covered, generic for MOTEGRITY
prucalopride succinate tab 2 mg (base equivalent)	Generic	1/5/25	Non-covered, generic for MOTEGRITY
PYLARIFY (piflufolastat f 18 iv soln 1-80 mci/ml (37-2960 mbq/ml))	Brand	1/26/25	Non-covered
QUICK TOUCH BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	1/26/25	Non-covered
STEQEYMA (ustekinumab-stba iv soln 130 mg/26ml (5 mg/ml) (for iv inf))	Brand	1/26/25	Non-covered
TECENTRIQ HYBREZA (atezolizumab-hyaluronidase-tqjs inj 1875-30000 mg-unit/15ml)	Brand	7/1/25	Non-covered
timolol ophth soln 0.5%	Generic	11/17/24	Non-covered, generic for BETIMOL
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 75 mg)	Brand	11/24/24	Non-covered
TRYVIO (aprocitentan tab 12.5 mg)	Brand	7/1/25	Non-covered
VERAPAMIL HYDROCHLORIDE E R (verapamil hcl cap er 24hr 100 mg)	Brand	12/15/24	Non-covered, authorized generic of VERELAN PM
VERAPAMIL HYDROCHLORIDE E R (verapamil hcl cap er 24hr 200 mg)	Brand	12/15/24	Non-covered, authorized generic of VERELAN PM
VERAPAMIL HYDROCHLORIDE E R (verapamil hcl cap er 24hr 300 mg)	Brand	12/15/24	Non-covered, authorized generic of VERELAN PM
VERAPAMIL HYDROCHLORIDE S R (verapamil hcl cap er 24hr 360 mg)	Brand	12/15/24	Non-covered, authorized generic of VERELAN
VITALARA (*prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)**)	Brand	1/19/25	Non-covered
WEZLANA (ustekinumab-auub iv soln 130 mg/26ml (5 mg/ml) (for iv inf))	Brand	12/29/24	Non-covered
WEZLANA (ustekinumab-auub inj 45 mg/0.5ml)	Brand	7/1/25	Non-covered
WEZLANA (ustekinumab-auub soln prefilled syringe 45 mg/0.5ml)	Brand	7/1/25	Non-covered
WEZLANA (ustekinumab-auub soln prefilled syringe 90 mg/ml)	Brand	7/1/25	Non-covered
XARELTO (rivaroxaban tab 2.5 mg)	Brand	11/17/24	Non-covered
YESINTEK (ustekinumab-kfce iv soln 130 mg/26ml (5 mg/ml) (for iv inf))	Brand	1/26/25	Non-covered
YONI FIT BLADDER SUPPORT KIT ONE (*incontinence supplies disposable - vaginal device***)	Brand	1/19/25	Non-covered
YONI FIT BLADDER SUPPORT KIT TWO (*incontinence supplies disposable - vaginal device***)	Brand	1/19/25	Non-covered
YONI FIT BLADDER SUPPORT KIT THREE (*incontinence supplies disposable - vaginal device***)	Brand	1/19/25	Non-covered
YONI FIT BLADDER SUPPORT KIT FOUR (*incontinence supplies disposable - vaginal device***)	Brand	1/19/25	Non-covered
YONI FIT BLADDER SUPPORT KIT FIVE (*incontinence supplies disposable - vaginal device***)	Brand	1/19/25	Non-covered
ZIIHERA (zanidatamab-hrii for iv soln 300 mg)	Brand	12/1/24	Non-covered
ZITUVIMET (sitagliptin free base-metformin hcl tab 50-500 mg)	Brand	7/1/25	Non-covered
ZITUVIMET (sitagliptin free base-metformin hcl tab 50-1000 mg)	Brand	7/1/25	Non-covered
ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24hr 50-500 mg)	Brand	7/1/25	Non-covered
ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg)	Brand	7/1/25	Non-covered
ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg)	Brand	7/1/25	Non-covered