

NetResults A-Series Formulary Updates



July 2022

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/Tier 2 = 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
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1ml)	Brand	7/1/22	Move from non-covered to Tier 4
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000))	Brand	7/1/22	Move from non-covered to Tier 4
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	7/1/22	Move from non-covered to Tier 4
BESREMI (ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml)	Brand	7/1/22	Addition to Tier 4
betaine powder for oral solution	Generic	2/13/22	Addition to Tier 2, generic for CYSTADANE
BINAXNOW COVID-19 AG CARD HOME TEST (covid-19 at home antigen test kit)	Brand	1/30/22	Addition to Tier 4
carglumic acid tab 200 mg	Generic	12/19/21	Move from Tier 3 to Tier 2, generic for CARBAGLU
CLEARDETECT COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Brand	2/20/22	Addition to Tier 4
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Brand	1/30/22	Addition to Tier 4
COVID AT HOME TEST KIT (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	Brand	1/30/22	Addition to Tier 4
deferiprone tab 1000 mg	Generic	2/20/22	Addition to Tier 2, generic for FERRIPROX
digoxin tab 62.5 mcg (0.0625 mg)	Generic	2/20/22	Addition to Tier 2, generic for LANOXIN
ELLUME COVID-19 HOME TEST (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4
ELYXYB (celecoxib oral soln 120 mg/4.8ml (25 mg/ml))	Brand	7/1/22	Addition to Tier 4
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Brand	4/1/22	Addition to Tier 3
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Brand	4/1/22	Addition to Tier 3
FLOWFLEX COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4
GEMTESA (vibegron tab 75 mg)	Brand	4/1/22	Move from non-covered to Tier 4
glycopyrrolate oral soln 1 mg/5ml	Generic	1/9/22	Addition to Tier 2, generic for CUVPOSA
IHEALTH COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)	Brand	1/30/22	Addition to Tier 4
INTELISWAB COVID-19 RAPID TEST (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4
LIVTENCITY (maribavir tab 200 mg)	Brand	7/1/22	Addition to Tier 4
maraviroc tab 150 mg	Generic	2/13/22	Addition to Tier 2, generic for SELZENTRY
maraviroc tab 300 mg	Generic	2/13/22	Addition to Tier 2, generic for SELZENTRY
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Brand	4/1/22	Addition to Tier 3
MOLNUPIRAVIR (molnupiravir cap 200 mg)	Brand	12/26/21	Addition to Tier 4
naloxone hcl nasal spray 4 mg/0.1ml	Generic	1/9/22	Addition to Tier 2, generic for NARCAN
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Brand	2/13/22	Addition to Tier 3
ON/GO COVID-19 ANTIGEN SE LF-TEST (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
OXBRYTA (voxelotor tab for oral susp 300 mg)	Brand	7/1/22	Addition to Tier 4
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	1/2/22	Addition to Tier 4
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	1/28/22	Addition to Tier 3
QUADRACEL (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Brand	2/13/22	Addition to Tier 3
QUICKVUE AT-HOME COVID-19 TEST (covid-19 at home antigen test kit)	Brand	1/15/22	Addition to Tier 4
quinidine sulfate tab 200 mg	Generic	12/26/21	Move from Tier 3 to Tier 2
quinidine sulfate tab 300 mg	Generic	12/26/21	Move from Tier 3 to Tier 2
RESTASIS (cyclosporine (ophth) emulsion 0.05%)	Brand	4/1/22	Move from Tier 3 to Tier 2
RIASTAP (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Brand	1/24/22	Addition to Tier 3
RINVOQ (upadacitinib tab er 24hr 30 mg)	Brand	1/23/22	Addition to Tier 3
SCEMBLIX (asciminib hcl tab 20 mg)	Brand	7/1/22	Addition to Tier 4
SCEMBLIX (asciminib hcl tab 40 mg)	Brand	7/1/22	Addition to Tier 4
selegiline hcl tab 5 mg	Generic	12/19/21	Move from Tier 4 to Tier 2
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg)	Brand	6/1/22	Addition to Tier 4
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg)	Brand	6/1/22	Addition to Tier 4
sulfadiazine tab 500 mg	Generic	12/26/21	Move from Tier 3 to Tier 2
TALZENNA (talazoparib tosylate cap 0.5 mg (base equivalent))	Brand	2/6/22	Addition to Tier 3
TALZENNA (talazoparib tosylate cap 0.75 mg (base equivalent))	Brand	2/6/22	Addition to Tier 3
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Brand	7/1/22	Move from non-covered to Tier 4
VASCEPA (icosapent ethyl cap 1 gm)	Brand	4/1/22	Move from Tier 3 to Tier 2
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	1/28/22	Addition to Tier 3
VOXZOGO (vosoritide for subcutaneous inj 0.4 mg)	Brand	7/1/22	Addition to Tier 4
VOXZOGO (vosoritide for subcutaneous inj 0.56 mg)	Brand	7/1/22	Addition to Tier 4
VOXZOGO (vosoritide for subcutaneous inj 1.2 mg)	Brand	7/1/22	Addition to Tier 4
XARELTO (rivaroxaban for susp 1 mg/ml)	Brand	4/1/22	Addition to Tier 3

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
AFINITOR (everolimus tab 10 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 3 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 5 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Brand	7/1/22	Removal from Tier 4, no longer covered
brinzolamide ophth susp 1%	Generic	4/1/22	Removal from Tier 2, no longer covered
CARBAGLU (carglumic acid tab 200 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
CEPHALEXIN (cephalexin cap 750 mg)	Brand	7/1/22	Move from Tier 2 to Tier 4
CHANTIX (varenicline tartrate tab 0.5 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
CHANTIX (varenicline tartrate tab 1 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
CHANTIX CONTINUING MONTH PAK (varenicline tartrate tab 1 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
CUVPOSA (glycopyrrolate oral soln 1 mg/5ml)	Brand	7/1/22	Removal from Tier 4, no longer covered
CYSTADANE (*betaine powder for oral solution***)	Brand	7/1/22	Removal from Tier 3, no longer covered
DUEXIS (ibuprofen-famotidine tab 800-26.6 mg)	Brand	7/1/22	Removal from <i>Outlier Component</i> , no longer covered
EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Brand	7/1/22	Removal from Tier 3, no longer covered
ergotamine w/caffeine tab 1-100 mg	Generic	7/1/22	Removal from Tier 2, no longer covered
FERRIPROX (deferiprone tab 1000 mg)	Brand	10/1/22	Removal from Tier 4, no longer covered
FLUORIDEX SENSITIVITY REL IEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	7/1/22	Move from Tier 1 to Tier 4
FLUORIDEX SENSITIVITY REL IEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	7/1/22	Move from Tier 1 to Tier 4
icosapent ethyl cap 1 gm	Generic	4/1/22	Removal from Tier 2, no longer covered
isosorbide dinitrate tab 40 mg	Generic	4/1/22	Removal from Tier 2, no longer covered
NARCAN (naloxone hcl nasal spray 4 mg/0.1ml)	Brand	7/1/22	Removal from Tier 3, no longer covered
NEVIRAPINE (nevirapine susp 50 mg/5ml)	Brand	7/1/22	Move from Tier 1 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 100 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 500 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	Generic	7/1/22	Removal from Tier 2, no longer covered
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	Generic	7/1/22	Removal from Tier 2, no longer covered
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
QUDEXY XR (topiramate cap er 24hr sprinkle 50 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
QUDEXY XR (topiramate cap er 24hr sprinkle 100 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
QUDEXY XR (topiramate cap er 24hr sprinkle 150 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
QUDEXY XR (topiramate cap er 24hr sprinkle 200 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Brand	7/1/22	Removal from Tier 3, no longer covered
SELZENTRY (maraviroc tab 150 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
SELZENTRY (maraviroc tab 300 mg)	Brand	7/1/22	Removal from Tier 4, no longer covered
SUMATRIPTAN SUCCINATE REF ILL (sumatriptan succinate solution cartridge 4 mg/0.5ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
SUMATRIPTAN SUCCINATE REF ILL (sumatriptan succinate solution cartridge 6 mg/0.5ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000))	Brand	7/1/22	Removal from Tier 3, no longer covered
SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000))	Brand	7/1/22	Removal from Tier 3, no longer covered
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 100 mg)	Brand	1/1/23	Move from Tier 2 to Tier 4
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 200 mg)	Brand	1/1/23	Move from Tier 2 to Tier 4
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 300 mg)	Brand	1/1/23	Move from Tier 2 to Tier 4
TRANDOLAPRIL/VERAPAMIL HC L ER (trandolapril-verapamil hcl tab er 2-240 mg)	Brand	7/1/22	Move from Tier 2 to Tier 4
TRIMETHOPRIM (trimethoprim tab 100 mg)	Brand	7/1/22	Move from Tier 1 to Tier 4
VANDAZOLE (metronidazole vaginal gel 0.75%)	Brand	1/1/23	Move from Tier 2 to Tier 4

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
amphotericin b liposome iv for susp 50 mg	Generic	2/20/22	Non-covered, generic for AMBISOME
BRIMONIDINE TARTRATE/TIMOLOL MALEATE (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%)	Brand	2/6/22	Non-covered, authorized generic of Combigan
COLLANEX (*wound dressings - powder***)	Brand	1/9/22	Non-covered
CORTROPHIN (corticotropin inj gel 80 unit/ml)	Brand	7/1/22	Non-covered
cyclosporine (ophth) emulsion 0.05%	Generic	4/1/22	Non-covered, generic for RESTASIS
DEFINITY RT (perflutren lipid microsphere iv susp 6.52 mg/ml (1.1 mg/ml))	Brand	1/16/22	Non-covered
DEXLANSOPRAZOLE (dexlansoprazole cap delayed release 30 mg)	Brand	7/1/22	Non-covered
DEXLANSOPRAZOLE (dexlansoprazole cap delayed release 60 mg)	Brand	7/1/22	Non-covered
DHIVY (carbidopa & levodopa tab 25-100 mg)	Brand	7/1/22	Non-covered
ENJAYMO (sutimlimab-jome iv soln 1100 mg/22ml (50 mg/ml))	Brand	2/13/22	Non-covered
EPRONTIA (topiramate oral soln 25 mg/ml)	Brand	7/1/22	Non-covered
HYCODAN (hydrocodone w/ homatropine tab 5-1.5 mg)	Brand	12/19/21	Non-covered
ILLUCCIX CONFIGURATION A (gallium ga 68 psma-11 iv for soln kit 25 mcg)	Brand	2/20/22	Non-covered
ILLUCCIX CONFIGURATION B (gallium ga 68 psma-11 iv for soln kit 25 mcg)	Brand	2/20/22	Non-covered
KIMMTRAK (tebentafusp-tebn iv soln 100 mcg/0.5ml)	Brand	1/30/22	Non-covered
MULTI-MAC (*prenatal vit w/fe fum-methylfolate-fa tab 15-0.75-1 mg***)	Brand	2/6/22	Non-covered
niacin tab 500 mg	Generic	1/9/22	Non-covered
NIACOR (niacin (antihyperlipidemic) tab 500 mg)	Brand	1/9/22	Non-covered
PEMFEXY (pemetrexed iv soln 500 mg/20ml)	Brand	1/23/22	Non-covered
romidepsin for iv inj 10 mg	Generic	1/23/22	Non-covered, generic for ISTODAX
SCARCIN PAD PLUS (*occlusive silicone sheets***)	Brand	2/20/22	Non-covered
TAVNEOS (avacopan cap 10 mg)	Brand	7/1/22	Non-covered
TYRVAYA (varenicline tartrate nasal soln 0.03 mg/act)	Brand	7/1/22	Non-covered
URESTA STARTER KIT (*incontinence supplies disposable - misc***)	Brand	2/13/22	Non-covered
vasopressin iv soln 20 unit/ml (for iv infusion)	Generic	1/16/22	Non-covered, generic for VASOSTRICT
VASOSTRICT (vasopressin iv soln 0.2 unit/ml (for iv infusion))	Brand	2/13/22	Non-covered
VASOSTRICT (vasopressin iv soln 0.4 unit/ml (for iv infusion))	Brand	2/13/22	Non-covered
VUITY (pilocarpine hcl ophth soln 1.25%)	Brand	7/1/22	Non-covered
VYVGART (efgartigimod alfa-fcab iv soln 400 mg/20ml)	Brand	12/26/21	Non-covered
WESCAP-C DHA (*prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg***)	Brand	1/30/22	Non-covered
WESCAP-PN DHA (*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**)	Brand	1/30/22	Non-covered
WESNATE DHA (*prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg***)	Brand	1/30/22	Non-covered