

NetResults F-Series Formulary Updates



January 2024

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
ABRYSVO (rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml)	Brand	9/1/23	Addition to Tier 3
AFLURIA QUADRIVALENT 2023 -2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/16/23	Addition to Tier 3
AFLURIA QUADRIVALENT 2023 -2024 (influenza virus vaccine split quadrivalent im inj)	Brand	7/16/23	Addition to Tier 3
alendronate sodium oral soln 70 mg/75ml	Generic	5/21/23	Move from Tier 4 to Tier 2
amitriptyline hcl tab 75 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2ml)	Brand	7/1/23	Addition to Tier 3
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.4ml)	Brand	7/1/23	Addition to Tier 3
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
amphetamine-dextroamphetamine tab 5 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
AREXVY (rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml)	Brand	9/1/23	Addition to Tier 3
armodafinil tab 50 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg)	Brand	10/1/23	Addition to Tier 4
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1ml)	Brand	10/1/23	Move from non-covered to Tier 3
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000))	Brand	10/1/23	Move from non-covered to Tier 3
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	10/1/23	Move from non-covered to Tier 3
azithromycin for susp 200 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
baclofen tab 20 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
bumetanide tab 0.5 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
bupropion hcl tab 100 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
cefuroxime axetil tab 250 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
cephalexin for susp 125 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
clotrimazole w/ betamethasone cream 1-0.05%	Generic	1/1/24	Move from Tier 2 to Tier 1
clozapine tab 25 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	7/30/23	Addition to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
CYLTEZO (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
CYLTEZO (adalimumab-adbm prefilled syringe kit 10 mg/0.2ml)	Brand	7/1/23	Addition to Tier 3
CYLTEZO (adalimumab-adbm prefilled syringe kit 20 mg/0.4ml)	Brand	7/1/23	Addition to Tier 3
CYLTEZO (adalimumab-adbm prefilled syringe kit 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
CYLTEZO STARTER PACKAGE F OR CROHNS DISEASE/UC/HS (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
CYLTEZO STARTER PACKAGE F OR PSORIASIS (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	7/1/23	Addition to Tier 3
cyproheptadine hcl syrup 2 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
darunavir tab 600 mg	Generic	6/4/23	Addition to Tier 2, generic for PREZISTA
darunavir tab 800 mg	Generic	6/4/23	Addition to Tier 2, generic for PREZISTA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Generic	1/1/24	Move from Tier 2 to Tier 1
diazepam oral soln 1 mg/ml	Generic	1/1/24	Move from Tier 2 to Tier 1
diltiazem hcl cap er 24hr 120 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
diltiazem hcl coated beads cap er 24hr 240 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
diltiazem hcl coated beads cap sr 24hr 240 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
doxepin hcl cap 25 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
doxycycline hyclate tab 20 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
doxycycline monohydrate tab 50 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
drospirenone-ethinyl estradiol tab 3-0.03 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
FLUAD QUADRIVALENT 2023-2024 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Brand	7/16/23	Addition to Tier 3
FLUARIX QUADRIVALENT 2023 -2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/9/23	Addition to Tier 3
FLUBLOK QUADRIVALENT 2023 -2024 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Brand	7/23/23	Addition to Tier 3
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Brand	7/16/23	Addition to Tier 3
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tissue-cultured subunit quadrivalent im susp)	Brand	7/16/23	Addition to Tier 3
FLULAVAL QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/9/23	Addition to Tier 3
flurbiprofen tab 100 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
fluticasone propionate cream 0.05%	Generic	1/1/24	Move from Tier 2 to Tier 1
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Generic	1/1/24	Move from non-covered to Tier 2
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Generic	1/1/24	Move from non-covered to Tier 2
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Generic	1/1/24	Move from non-covered to Tier 2
FLUZONE HIGH-DOSE PF 2023 -2024 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Brand	7/23/23	Addition to Tier 3
FLUZONE QUADRIVALENT 2023 -2024 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/23/23	Addition to Tier 3
FLUZONE QUADRIVALENT 2023 -2024 (influenza virus vaccine split quadrivalent im inj)	Brand	7/23/23	Addition to Tier 3
guanfacine hcl tab er 24hr 1 mg (base equiv)	Generic	1/1/24	Move from Tier 2 to Tier 1
guanfacine hcl tab er 24hr 2 mg (base equiv)	Generic	1/1/24	Move from Tier 2 to Tier 1
guanfacine hcl tab er 24hr 3 mg (base equiv)	Generic	1/1/24	Move from Tier 2 to Tier 1
guanfacine hcl tab er 24hr 4 mg (base equiv)	Generic	1/1/24	Move from Tier 2 to Tier 1
HUMATIN (paromomycin sulfate cap 250 mg)	Brand	7/2/23	Move from Tier 4 to Tier 3
hydrocodone-acetaminophen tab 10-325 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
hydrocortisone lotion 2.5%	Generic	1/1/24	Move from Tier 2 to Tier 1
isoniazid syrup 50 mg/5ml	Generic	5/28/23	Move from Tier 4 to Tier 2
JOENJA (leniolisib phosphate tab 70 mg)	Brand	11/1/23	Addition to Tier 4
ketorolac tromethamine tab 10 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
lactulose (encephalopathy) solution 10 gm/15ml	Generic	1/1/24	Move from Tier 2 to Tier 1

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
lisdexamfetamine dimesylate CAP 10 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 20 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 30 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 40 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 50 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 60 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CAP 70 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 10 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 20 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 30 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 40 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 50 MG	Generic	9/3/23	Addition to Tier 2
lisdexamfetamine dimesylate CHEW TAB 60 MG	Generic	9/3/23	Addition to Tier 2
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Brand	1/1/24	Move from Tier 4 to Tier 3
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Brand	12/1/23	Addition to Tier 3
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Generic	1/1/24	Move from Tier 2 to Tier 1
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Brand	1/1/24	Addition to Tier 3
methotrexate sodium tab 2.5 mg (antirheumatic)	Generic	1/1/24	Move from Tier 2 to Tier 1
methotrexate sodium tab 2.5 mg (base equiv)	Generic	1/1/24	Move from Tier 2 to Tier 1
methylphenidate hcl tab 10 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
NIVA THYROID (thyroid tab 15 mg (1/4 grain))	Brand	8/13/23	Addition to Tier 4
NIVA THYROID (thyroid tab 30 mg (1/2 grain))	Brand	8/13/23	Addition to Tier 4
NIVA THYROID (thyroid tab 60 mg (1 grain))	Brand	8/13/23	Addition to Tier 4
NIVA THYROID (thyroid tab 90 mg (1 1/2 grain))	Brand	8/13/23	Addition to Tier 4
NIVA THYROID (thyroid tab 120 mg (2 grain))	Brand	8/13/23	Addition to Tier 4
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Generic	1/1/24	Move from Tier 2 to Tier 1
nystatin susp 100000 unit/ml	Generic	1/1/24	Move from Tier 2 to Tier 1
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
ondansetron hcl oral soln 4 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
ONETOUCH ULTRA (glucose blood test strip)	Brand	1/1/24	Move from non-covered to Tier 3
ONETOUCH ULTRA BLUE (glucose blood test strip)	Brand	1/1/24	Move from non-covered to Tier 3
ONETOUCH ULTRA CONTROL (*blood glucose calibration - liquid***)	Brand	1/1/24	Addition to Tier 3
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Brand	1/1/24	Move from non-covered to Tier 3
ONETOUCH VERIO CONTROL SOLUTION HIGH (*blood glucose calibration - liquid - high***)	Brand	1/1/24	Addition to Tier 3
ONETOUCH VERIO IN VITRO M EDI-CAL (glucose blood test strip)	Brand	1/1/24	Move from non-covered to Tier 3
ONETOUCH VERIO MID CONTROL SOLUTION (*blood glucose calibration - liquid***)	Brand	1/1/24	Addition to Tier 3
ONETOUCH VERIO TEST STRIP S (glucose blood test strip)	Brand	1/1/24	Move from non-covered to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
oxcarbazepine tab 150 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
potassium phosphate monobasic tab 500 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Generic	5/28/23	Move from Tier 4 to Tier 2
prednisone tab therapy pack 10 mg (21)	Generic	1/1/24	Move from Tier 2 to Tier 1
propranolol hcl oral soln 20 mg/5ml	Generic	1/1/24	Move from Tier 2 to Tier 1
quetiapine fumarate tab er 24hr 150 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
quetiapine fumarate tab sr 24hr 150 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
quinidine sulfate tab 200 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
REXULTI (brexpiprazole tab 0.25 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
REXULTI (brexpiprazole tab 0.5 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
REXULTI (brexpiprazole tab 1 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
REXULTI (brexpiprazole tab 2 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
REXULTI (brexpiprazole tab 3 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
REXULTI (brexpiprazole tab 4 mg)	Brand	10/1/23	Move from Tier 4 to Tier 3
RHOFADE (oxymetazoline hcl cream 1%)	Brand	1/1/24	Move from non-covered to Tier 4
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Generic	1/1/24	Move from Tier 2 to Tier 1
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Generic	1/1/24	Move from Tier 2 to Tier 1
solifenacin succinate tab 10 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Brand	1/1/24	Addition to Tier 3
TALZENNA (talazoparib tosylate cap 0.1 mg (base equivalent))	Brand	7/2/23	Addition to Tier 3
TALZENNA (talazoparib tosylate cap 0.35 mg (base equivalent))	Brand	7/2/23	Addition to Tier 3
tamoxifen citrate tab 20 mg (base equivalent)	Generic	1/1/24	Move from Tier 2 to Tier 1
telmisartan tab 20 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
testosterone cypionate im inj in oil 100 mg/ml	Generic	1/1/24	Move from Tier 2 to Tier 1
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml)	Brand	1/1/24	Move from non-covered to Tier 3
THYROID (thyroid tab 15 mg (1/4 grain))	Brand	7/2/23	Addition to Tier 4
THYROID (thyroid tab 30 mg (1/2 grain))	Brand	7/2/23	Addition to Tier 4
THYROID (thyroid tab 60 mg (1 grain))	Brand	7/2/23	Addition to Tier 4
THYROID (thyroid tab 90 mg (1 1/2 grain))	Brand	7/2/23	Addition to Tier 4
THYROID (thyroid tab 120 mg (2 grain))	Brand	7/2/23	Addition to Tier 4
valsartan tab 320 mg	Generic	1/1/24	Move from Tier 2 to Tier 1
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	Generic	7/31/23	Addition to Tier 2, generic for FIRVANQ
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	Generic	7/31/23	Move from Tier 4 to Tier 2, generic for FIRVANQ
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	Generic	7/31/23	Addition to Tier 2, generic for FIRVANQ
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	Generic	7/31/23	Move from Tier 4 to Tier 2, generic for FIRVANQ
VOWST (fecal microbiota spores, live-brpk caps)	Brand	1/1/24	Addition to Tier 4
ZEJULA (niraparib tosylate tab 100 mg (base equivalent))	Brand	6/25/23	Addition to Tier 3
ZEJULA (niraparib tosylate tab 200 mg (base equivalent))	Brand	6/25/23	Addition to Tier 3
ZEJULA (niraparib tosylate tab 300 mg (base equivalent))	Brand	6/25/23	Addition to Tier 3
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg)	Brand	6/11/23	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
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act)	Brand	1/1/24	Removal from Tier 2, no longer covered
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 250-50 mcg/act)	Brand	1/1/24	Removal from Tier 2, no longer covered
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 500-50 mcg/act)	Brand	1/1/24	Removal from Tier 2, no longer covered
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Generic	1/1/24	Move from Tier 1 to Tier 2
dexamethasone tab 0.5 mg	Generic	1/1/24	Move from Tier 1 to Tier 2
dexamethasone tab 0.75 mg	Generic	1/1/24	Move from Tier 1 to Tier 2
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml (base equivalent))	Brand	1/1/24	Removal from Tier 4, no longer covered
FIRVANQ (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Brand	1/1/24	Removal from Tier 4, no longer covered
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act)	Brand	1/1/24	Removal from Tier 3, no longer covered
FLOVENT DISKUS (fluticasone propionate aer pow ba 100 mcg/act)	Brand	1/1/24	Removal from Tier 3, no longer covered
FLOVENT DISKUS (fluticasone propionate aer pow ba 250 mcg/act)	Brand	1/1/24	Removal from Tier 3, no longer covered
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve))	Brand	1/1/24	Removal from Tier 3, no longer covered
FLOVENT HFA (fluticasone propionate hfa inhal aer 110 mcg/act (125/valve))	Brand	1/1/24	Removal from Tier 3, no longer covered
FLOVENT HFA (fluticasone propionate hfa inhal aer 220 mcg/act (250/valve))	Brand	1/1/24	Removal from Tier 3, no longer covered
haloperidol lactate oral conc 2 mg/ml	Generic	1/1/24	Move from Tier 1 to Tier 2
isotretinoin cap 25 mg	Generic	1/1/24	Removal from Tier 2, no longer covered
isotretinoin cap 35 mg	Generic	1/1/24	Removal from Tier 2, no longer covered
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	Generic	1/1/24	Removal from Tier 2, no longer covered
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	Generic	1/1/24	Removal from Tier 2, no longer covered
MELPHALAN (melphalan tab 2 mg)	Brand	4/1/24	Move from Tier 2 to Tier 4
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
NAFRINSE DROPS (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Brand	1/1/24	Move from Tier 2 to Tier 4
OXANDROLONE (oxandrolone tab 2.5 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
OXANDROLONE (oxandrolone tab 10 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
PODOFILOX (podofilox soln 0.5%)	Brand	1/1/24	Move from Tier 2 to Tier 4
PREZISTA (darunavir tab 600 mg)	Brand	1/1/24	Removal from Tier 3, no longer covered
PREZISTA (darunavir tab 800 mg)	Brand	1/1/24	Removal from Tier 3, no longer covered
risedronate sodium tab delayed release 35 mg	Generic	1/1/24	Removal from Tier 2, no longer covered
sotalol hcl (afib/af) tab 120 mg	Generic	1/1/24	Move from Tier 1 to Tier 2
sotalol hcl (afib/af) tab 160 mg	Generic	1/1/24	Move from Tier 1 to Tier 2
stannous fluoride conc 0.63%	Generic	1/1/24	Move from Tier 1 to Tier 2
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-5 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-10 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 80-5 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 80-10 mg)	Brand	1/1/24	Move from Tier 2 to Tier 4
VICTOZA (liraglutide soln pen-injector 18 mg/3ml (6 mg/ml))	Brand	1/1/24	Removal from Tier 4, no longer covered
VYVANSE CAP 10MG (LISDEXAMFETAMINE DIMESYLATE CAP 10 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CAP 20MG (LISDEXAMFETAMINE DIMESYLATE CAP 20 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CAP 30MG (LISDEXAMFETAMINE DIMESYLATE CAP 30 MG)	Brand	1/1/24	Removal from Tier 3, no longer covered
VYVANSE CAP 40MG (LISDEXAMFETAMINE DIMESYLATE CAP 40 MG)	Brand	1/1/24	Removal from Tier 3, no longer covered
VYVANSE CAP 50MG (LISDEXAMFETAMINE DIMESYLATE CAP 50 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CAP 60MG (LISDEXAMFETAMINE DIMESYLATE CAP 60 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CAP 70MG (LISDEXAMFETAMINE DIMESYLATE CAP 70 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 10MG (LISDEXAMFETAMINE DIMESYLATE CHEW 10 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 20MG (LISDEXAMFETAMINE DIMESYLATE CHEW 20 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 30MG (LISDEXAMFETAMINE DIMESYLATE CHEW 30 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 40MG (LISDEXAMFETAMINE DIMESYLATE CHEW 40 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 50MG (LISDEXAMFETAMINE DIMESYLATE CHEW 50 MG)	Brand	1/1/24	Removal from Tier 3 - no longer covered
VYVANSE CHW 60MG (LISDEXAMFETAMINE DIMESYLATE CHEW 60 MG)	Brand	1/1/24	Removal from Tier 3, no longer covered

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
2 COCKROACH MIX EXTRACT (cockroach mixed allergen extract (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
2 COCKROACH MIX EXTRACT (cockroach mixed allergen extract inj 1:20)	Brand	7/30/23	Non-covered
ABILIFY ASIMTUFII (aripiprazole im er susp prefilled syringe 720 mg/2.4ml)	Brand	1/1/24	Non-covered
ABILIFY ASIMTUFII (aripiprazole im er susp prefilled syringe 960 mg/3.2ml)	Brand	1/1/24	Non-covered
ACACIA POLLEN EXTRACT (acacia (allergenic extract) inj 1:40)	Brand	7/2/23	Non-covered
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	1/1/24	Non-covered
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)	Brand	1/1/24	Non-covered
ADALIMUMAB-FKJP (adalimumab-fkjp auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ADALIMUMAB-FKJP (adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml)	Brand	1/1/24	Non-covered
ADALIMUMAB-FKJP (adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ALMOND ALLERGENIC EXTRACT (almond (prunus dulcis) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
ALTERNARIA ALTERNATA (alternaria alternata (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
AMERICAN ELM POLLEN EXTRA CT (american elm (ulmus americana) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
AMERICAN ELM POLLEN EXTRA CT (american elm (ulmus americana) inj soln 1:20)	Brand	7/23/23	Non-covered
AMERICAN LOBSTER ALLERGEN IC EXTRACT (american lobster (homarus americanus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
AMERICAN SYCAMORE POLLEN EXTRACT (american sycamore (platanus occidentalis) inj soln 1:20)	Brand	7/23/23	Non-covered
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	7/1/23	Non-covered
APOGEE IC CATHETER/14FR/1 6"/STRAIGHT/INTERMITTENT (*catheters***)	Brand	6/18/23	Non-covered
APPLE ALLERGENIC EXTRACT (apple (malus pumila) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
ASPERGILLUS FUMIGATUS EXT RACT (aspergillus fumigatus (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
ASPERGILLUS FUMIGATUS EXT RACT (aspergillus fumigatus inj soln 1:20)	Brand	7/30/23	Non-covered
ATLANTIC COD ALLERGENIC E XTRACT (atlantic cod (gadus morhua) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
ATLANTIC SALMON ALLERGENI C EXTRACT (atlantic salmon (salmo salar) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
ATLANTIC/EASTERN OYSTER A LLERGENIC EXTRACT (atlantic/eastern oyster (c. virginica) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BABYBIG (botulism immune globulin (human) iv for soln 100 mg)	Brand	5/21/23	Non-covered
baclofen susp 25 mg/5ml	Generic	6/25/23	Non-covered, generic for FLEQSUVY
BANANA ALLERGENIC EXTRACT (banana (musa acuminata) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
BEEF ALLERGENIC EXTRACT (beef (bos taurus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BILAYER MATRIX WOUND DRES SING/ 2 "X 2" (collagen matrix (bovine) sheet 5 x 5 cm (2" x 2"))	Brand	6/25/23	Non-covered
BIPOLARIS SOROKINIANA EXT RACT (bipolaris sorokiniana (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
BIPOLARIS SOROKINIANA EXT RACT (bipolaris sorokiniana inj 1:20)	Brand	7/30/23	Non-covered
BIVALIRUDIN (bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq))	Brand	7/16/23	Non-covered
BLACK WALNUT POLLEN EXTRA CT (black walnut (juglans nigra) inj 20000 pnu/ml)	Brand	6/25/23	Non-covered
BLACK WALNUT POLLEN EXTRA CT (black walnut (juglans nigra) inj 40000 pnu/ml)	Brand	6/25/23	Non-covered
BLACK WALNUT POLLEN EXTRA CT (black walnut (juglans nigra) inj soln 75000 pnu/ml (1:10))	Brand	6/25/23	Non-covered
BLACK WALNUT POLLEN EXTRA CT (black walnut (juglans nigra) inj soln 75000 pnu/ml (1:20))	Brand	6/25/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
BLACK WALNUT POLLEN EXTRA CT/CA (black walnut (juglans californica) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BLACK WALNUT POLLEN EXTRA T (black walnut (juglans nigra) inj soln 1:20)	Brand	7/23/23	Non-covered
BLACK WILLOW POLLEN EXTRA CT (black willow (salix nigra) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BLACK WILLOW POLLEN EXTRA T (black willow (salix nigra) inj soln 1:20)	Brand	7/23/23	Non-covered
BLUE CRAB ALLERGENIC EXTR ACT (blue crab (callinectes sapidus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BOX ELDER POLLEN EXTRACT (box elder (acer negundo) inj soln 1:20)	Brand	7/2/23	Non-covered
BRAZIL NUT ALLERGENIC EXT RACT (brazil nut (bertholletia excelsa) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
BROWN SHRIMP ALLERGENIC E XTRACT (brown shrimp (farfantepenaeus aztecus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5ml)	Brand	1/1/24	Non-covered
CASHEW NUT ALLERGENIC EXT RACT (cashew nut (anacardium occidentale) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
CELERY ALLERGENIC EXTRACT (celery (apium graveolens var. dulce) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
CHICKEN MEAT ALLERGENIC E XTRACT (chicken meat (gallus gallus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
CLADOSPORIUM SPHAEROSPERM UM (cladosporium sphaerospermum (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
CLADOSPORIUM SPHAEROSPERM UM (cladosporium sphaerospermum inj 1:20)	Brand	7/30/23	Non-covered
COCONUT ALLERGENIC EXTRAC T (coconut (cocos nucifera) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
COLUMVI (glofitamab-gxbm iv soln 2.5 mg/2.5ml (1 mg/ml))	Brand	7/2/23	Non-covered
COLUMVI (glofitamab-gxbm iv soln 10 mg/10ml (1 mg/ml))	Brand	7/2/23	Non-covered
COMMON SAGEBRUSH POLLEN E XTRACT (sagebrush (artemisia tridentata) (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
COMMON SAGEBRUSH POLLEN E XTRACT (sagebrush (artemisia tridentata) inj 1:20)	Brand	7/30/23	Non-covered
CORN ALLERGENIC EXTRACT (corn (zea mays) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
COW MILK ALLERGENIC EXTRA CT (cow milk (bos taurus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
cupric chloride inj 0.4 mg/ml (elemental)	Generic	8/13/23	Non-covered
CUVRIOR (trientine tetrahydrochloride tab 300 mg)	Brand	1/1/24	Non-covered
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 500 mg/ml)	Brand	7/30/23	Non-covered
CYTALUX (pafolacianine sodium iv soln 3.2 mg/1.6ml)	Brand	6/4/23	Non-covered
DOCK-SORREL POLLEN MIX EX TRACT (sheep sorrel-yellow dock (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
DOCK-SORREL POLLEN MIX EX TRACT (sheep sorrel-yellow dock inj 1:20)	Brand	7/30/23	Non-covered
DOG EPITHELIUM EXTRACT (dog epithelium (canis lupus familiaris) (diagnost) inj 1:20)	Brand	7/30/23	Non-covered
DOG EPITHELIUM EXTRACT (dog epithelium (canis lupus familiaris) inj 1:20)	Brand	7/30/23	Non-covered
EASTERN COTTONWOOD POLLEN EXTRACT (eastern cottonwood (populus deltoides) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
EASTERN COTTONWOOD POLLEN EXTRACT (eastern cottonwood (populus deltoides) inj soln 1:20)	Brand	7/23/23	Non-covered
EDETATE CALCIUM DISODIUM (edetate calcium disodium inj 1 gm/5ml (200 mg/ml))	Brand	6/18/23	Non-covered
ELEVIDYS 10.0-10.4 KG (delandistrogene moxeparovec-rokl iv susp 10 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 10.5-11.4 KG (delandistrogene moxeparovec-rokl iv susp 11 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 11.5-12.4 KG (delandistrogene moxeparovec-rokl iv susp 12 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 12.5-13.4 KG (delandistrogene moxeparovec-rokl iv susp 13 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 13.5-14.4 KG (delandistrogene moxeparovec-rokl iv susp 14 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 14.5-15.4 KG (delandistrogene moxeparovec-rokl iv susp 15 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 15.5-16.4 KG (delandistrogene moxeparovec-rokl iv susp 16 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 16.5-17.4 KG (delandistrogene moxeparovec-rokl iv susp 17 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 17.5-18.4 KG (delandistrogene moxeparovec-rokl iv susp 18 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 18.5-19.4 KG (delandistrogene moxeparovec-rokl iv susp 19 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 19.5-20.4 KG (delandistrogene moxeparovec-rokl iv susp 20 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 20.5-21.4 KG (delandistrogene moxeparovec-rokl iv susp 21 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 21.5-22.4 KG (delandistrogene moxeparovec-rokl iv susp 22 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 22.5-23.4 KG (delandistrogene moxeparovec-rokl iv susp 23 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 23.5-24.4 KG (delandistrogene moxeparovec-rokl iv susp 24 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 24.5-25.4 KG (delandistrogene moxeparovec-rokl iv susp 25 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 25.5-26.4 KG (delandistrogene moxeparovec-rokl iv susp 26 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 26.5-27.4 KG (delandistrogene moxeparovec-rokl iv susp 27 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 27.5-28.4 KG (delandistrogene moxeparovec-rokl iv susp 28 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 28.5-29.4 KG (delandistrogene moxeparovec-rokl iv susp 29 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 29.5-30.4 KG (delandistrogene moxeparovec-rokl iv susp 30 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 30.5-31.4 KG (delandistrogene moxeparovec-rokl iv susp 31 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 31.5-32.4 KG (delandistrogene moxeparovec-rokl iv susp 32 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 32.5-33.4 KG (delandistrogene moxeparovec-rokl iv susp 33 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 33.5-34.4 KG (delandistrogene moxeparovec-rokl iv susp 34 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 34.5-35.4 KG (delandistrogene moxeparovec-rokl iv susp 35 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 35.5-36.4 KG (delandistrogene moxeparovec-rokl iv susp 36 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 36.5-37.4 KG (delandistrogene moxeparovec-rokl iv susp 37 x 10 ml kit)	Brand	7/2/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ELEVIDYS 37.5-38.4 KG (delandistrogene moxeparovec-rokl iv susp 38 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 38.5-39.4 KG (delandistrogene moxeparovec-rokl iv susp 39 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 39.5-40.4 KG (delandistrogene moxeparovec-rokl iv susp 40 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 40.5-41.4 KG (delandistrogene moxeparovec-rokl iv susp 41 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 41.5-42.4 KG (delandistrogene moxeparovec-rokl iv susp 42 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 42.5-43.4 KG (delandistrogene moxeparovec-rokl iv susp 43 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 43.5-44.4 KG (delandistrogene moxeparovec-rokl iv susp 44 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 44.5-45.4 KG (delandistrogene moxeparovec-rokl iv susp 45 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 45.5-46.4 KG (delandistrogene moxeparovec-rokl iv susp 46 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 46.5-47.4 KG (delandistrogene moxeparovec-rokl iv susp 47 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 47.5-48.4 KG (delandistrogene moxeparovec-rokl iv susp 48 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 48.5-49.4 KG (delandistrogene moxeparovec-rokl iv susp 49 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 49.5-50.4 KG (delandistrogene moxeparovec-rokl iv susp 50 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 50.5-51.4 KG (delandistrogene moxeparovec-rokl iv susp 51 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 51.5-52.4 KG (delandistrogene moxeparovec-rokl iv susp 52 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 52.5-53.4 KG (delandistrogene moxeparovec-rokl iv susp 53 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 53.5-54.4 KG (delandistrogene moxeparovec-rokl iv susp 54 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 54.5-55.4 KG (delandistrogene moxeparovec-rokl iv susp 55 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 55.5-56.4 KG (delandistrogene moxeparovec-rokl iv susp 56 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 56.5-57.4 KG (delandistrogene moxeparovec-rokl iv susp 57 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 57.5-58.4 KG (delandistrogene moxeparovec-rokl iv susp 58 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 58.5-59.4 KG (delandistrogene moxeparovec-rokl iv susp 59 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 59.5-60.4 KG (delandistrogene moxeparovec-rokl iv susp 60 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 60.5-61.4 KG (delandistrogene moxeparovec-rokl iv susp 61 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 61.5-62.4 KG (delandistrogene moxeparovec-rokl iv susp 62 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 62.5-63.4 KG (delandistrogene moxeparovec-rokl iv susp 63 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 63.5-64.4 KG (delandistrogene moxeparovec-rokl iv susp 64 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 64.5-65.4 KG (delandistrogene moxeparovec-rokl iv susp 65 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 65.5-66.4 KG (delandistrogene moxeparovec-rokl iv susp 66 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 66.5-67.4 KG (delandistrogene moxeparovec-rokl iv susp 67 x 10 ml kit)	Brand	7/2/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ELEVIDYS 67.5-68.4 KG (delandistrogene moxeparvec-rokl iv susp 68 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 68.5-69.4 KG (delandistrogene moxeparvec-rokl iv susp 69 x 10 ml kit)	Brand	7/2/23	Non-covered
ELEVIDYS 69.5 KG PLUS (delandistrogene moxeparvec-rokl iv susp 70 x 10 ml kit)	Brand	7/2/23	Non-covered
ELFABRIO (pegunigalsidase alfa-iwxj iv solution 20 mg/10 ml)	Brand	5/21/23	Non-covered
ENGLISH PLANTAIN POLLEN E XTRACT (english plantain (plantago lanceolata) (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
ENGLISH PLANTAIN POLLEN E XTRACT (english plantain (plantago lanceolata) inj soln 1:20)	Brand	7/30/23	Non-covered
ENGLISH WALNUT ALLERGENIC EXTRACT (english walnut (juglans regia) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
EPKINLY (epcoritamab-bysp subcutaneous soln 4 mg/0.8ml)	Brand	1/1/24	Non-covered
EPKINLY (epcoritamab-bysp subcutaneous soln 48 mg/0.8ml)	Brand	1/1/24	Non-covered
gadobutrol inj 1 mmol/ml (604.72 mg/ml)	Generic	7/30/23	Non-covered, generic for GDAVIST
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/.04ml)	Brand	7/1/23	Non-covered
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/.08ml)	Brand	7/1/23	Non-covered
HAZELNUT (FILBERT) ALLERG ENIC EXTRACT (hazelnut (filbert) (corylus americana) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
HORSE EPITHELIA EXTRACT (horse epithelium (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
HULIO (adalimumab-fkjp auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
HULIO (adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml)	Brand	1/1/24	Non-covered
HULIO (adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	1/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	1/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1ml)	Brand	1/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)	Brand	1/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)	Brand	1/1/24	Non-covered
HYRIMOZ CROHN'S DISEASE A ND ULCERATIVE COLITIS STARTER PACK (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	1/1/24	Non-covered
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK (adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml)	Brand	1/1/24	Non-covered
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK (adalimumab-adaz soln prefilled syringe 80 mg/0.8ml)	Brand	1/1/24	Non-covered
HYRIMOZ PLAQUE PSORIASIS STARTER PACK (adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml)	Brand	1/1/24	Non-covered
IDACIO (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
IDACIO (adalimumab-aacf prefilled syringe kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
IDACIO STARTER PACKAGE FO R CROHNS DISEASE (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
IDACIO STARTER PACKAGE FO R PLAQUE PSORIASIS (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ILET CONTACT DETACH INSUL IN INFUSION KIT 23" 6MM (*insulin infusion pump - kit***)	Brand	6/4/23	Non-covered
ILET INSET INSULIN INFUSI ON KIT 23" 6MM (*insulin infusion pump - kit***)	Brand	6/4/23	Non-covered
ILET INSULIN PUMP (*insulin infusion pump - kit***)	Brand	5/28/23	Non-covered
INPEFA (sotagliflozin tab 200 mg)	Brand	1/1/24	Non-covered
LAMBS QUARTERS POLLEN EXT RACT (lambs quarters (chenopodium album) (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
levocarnitine inj 200 mg/ml	Generic	7/30/23	Non-covered, generic for CARNITOR
LIQREV (sildenafil citrate oral susp 10 mg/ml)	Brand	1/1/24	Non-covered
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm)	Brand	1/1/24	Non-covered
LUMRYZ (sodium oxybate pack for oral er susp 6 gm)	Brand	1/1/24	Non-covered
LUMRYZ (sodium oxybate pack for oral er susp 7.5 gm)	Brand	1/1/24	Non-covered
LUMRYZ (sodium oxybate pack for oral er susp 9 gm)	Brand	1/1/24	Non-covered
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Brand	7/16/23	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 100 mg/100ml-sodium chloride 0.8% pf iv solution)	Brand	7/2/23	Non-covered

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
MIRO3D WOUND MATRIX 2X2X 2CM (collagen matrix (porcine) dressing 2 x 2 x 2 cm)	Brand	6/25/23	Non-covered
MIRO3D WOUND MATRIX 3X3X2 CM (collagen matrix (porcine) dressing 3 x 3 x 2 cm)	Brand	6/25/23	Non-covered
MIRO3D WOUND MATRIX 5X5X2 CM (collagen matrix (porcine) dressing 5 x 5 x 2 cm)	Brand	6/25/23	Non-covered
MIRO3D WOUND MATRIX 10X5X2 CM (collagen matrix (porcine) dressing 10 x 5 x 2 cm)	Brand	6/25/23	Non-covered
MOUNTAIN CEDAR POLLEN EXT ACT (mountain cedar (juniperus ashei) (diagnostic) inj soln 1:20)	Brand	7/23/23	Non-covered
MOUNTAIN CEDAR POLLEN EXT RACT (mountain cedar (juniperus ashei) inj soln 1:20)	Brand	7/2/23	Non-covered
MOUSE EPITHELIA EXTRACT (mouse epithelium (mus musculus) (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
MOUSE EPITHELIA EXTRACT (mouse epithelium inj 1:20)	Brand	7/30/23	Non-covered
NETTLE POLLEN EXTRACT (nettle (urtica dioica) (diagnostic) inj 1:40)	Brand	7/30/23	Non-covered
NETTLE POLLEN EXTRACT (nettle (urtica dioica) inj 1:40)	Brand	7/30/23	Non-covered
NORTHERN QUAHOG CLAM ALLE RGENIC EXTRACT (northern quahog clam (m. mercenaria) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
ORANGE ALLERGENIC EXTRACT (orange (citrus x sinensis) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
PARI BABY NEBULIZER SET/ SIZE 2 (*nebulizers***)	Brand	8/6/23	Non-covered
PEANUT ALLERGENIC EXTRACT (peanut (arachis hypogaea) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
PECAN ALLERGENIC EXTRACT (pecan (carya illinoensis) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
PECAN POLLEN EXTRACT (pecan pollen (carya illinoensis) inj soln 1:20)	Brand	7/23/23	Non-covered
PENICILLIUM CHRYSOGENUM V AR CHRYSOGENUM EXTRACT (penicillium notatum (diagnostic) inj soln 1:20)	Brand	7/30/23	Non-covered
PINEAPPLE ALLERGENIC EXTR ACT (pineapple (ananas comosus) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	Generic	8/6/23	Non-covered, generic for MOZOBIL
PORK ALLERGENIC EXTRACT (pork (sus scrofa) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	Generic	6/18/23	Non-covered, generic for NOXAFIL
POSUMA (flotufolastat f 18 ga iv soln 296-5846 mbq/ml (8-158 mci/ml))	Brand	6/11/23	Non-covered
QALSODY (tofersen intrathecal soln 100 mg/15ml (6.7 mg/ml))	Brand	1/1/24	Non-covered
REALSIL-6 (*occlusive silicone sheets***)	Brand	7/30/23	Non-covered
RED ALDER POLLEN EXTRACT (red alder (alnus rubra) inj 1:20)	Brand	7/2/23	Non-covered
RED CEDAR POLLEN EXTRACT (red cedar (juniperus virginiana) inj soln 1:20)	Brand	7/23/23	Non-covered
RED MAPLE POLLEN EXTRACT (red maple (acer rubrum) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
RED MAPLE POLLEN EXTRACT (red maple (acer rubrum) inj soln 1:20)	Brand	7/23/23	Non-covered
RED OAK POLLEN EXTRACT (red oak (quercus rubra) (diagnostic) inj soln 1:20)	Brand	7/23/23	Non-covered
RED OAK POLLEN EXTRACT (red oak (quercus rubra) inj soln 1:20)	Brand	7/23/23	Non-covered
REZZAYO (rezafungin acetate for iv soln 200 mg (base equivalent))	Brand	7/2/23	Non-covered
RICE ALLERGENIC EXTRACT (rice (oryza sativa) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
ROCTAVIAN (valoctocogene roxaparvovec-rvox iv susp 2000000000000000 vg/ml)	Brand	7/23/23	Non-covered
ROUGH REDROOT PIGWEED POL LEN EXTRACT (rough pigweed (amaranthus retroflexus) inj 1:20)	Brand	7/30/23	Non-covered
SAVI DUAL (*transcranial magnetic stimulator device***)	Brand	6/11/23	Non-covered
saxagliptin hcl tab 2.5 mg (base equiv)	Generic	8/6/23	Non-covered, generic for ONGLYZA
saxagliptin hcl tab 5 mg (base equiv)	Generic	8/6/23	Non-covered, generic for ONGLYZA
saxagliptin-metformin hcl tab er 24hr 5-500 mg	Generic	8/13/23	Non-covered, generic for KOMBIGLYZE XR
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	Generic	8/13/23	Non-covered, generic for KOMBIGLYZE XR
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	Generic	8/13/23	Non-covered, generic for KOMBIGLYZE XR

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
SEA SCALLOPS ALLERGENIC E XTRACT (sea scallops (placoepten magellanicus)(diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
SESAME SEED ALLERGENIC EX TRACT (sesame seed (sesamum indicum) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
SHORT AND GIANT RAGWEED P OLLEN MIX EXTRACT (short ragweed-giant ragweed (diagnostic) inj 1:20)	Brand	7/30/23	Non-covered
SHORT AND GIANT RAGWEED P OLLEN MIX EXTRACT (short ragweed-giant ragweed inj 1:20)	Brand	7/30/23	Non-covered
SINCALIDE (sincalide for inj 5 mcg)	Brand	5/28/23	Non-covered
SOGROYA (somapacitan-beco solution pen-injector 5 mg/1.5ml)	Brand	1/1/24	Non-covered
SOGROYA (somapacitan-beco solution pen-injector 10 mg/1.5ml)	Brand	1/1/24	Non-covered
SOGROYA (somapacitan-beco solution pen-injector 15 mg/1.5ml)	Brand	1/1/24	Non-covered
SOYBEAN ALLERGENIC EXTRAC T (soybean (glycine max) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
STANDARDIZED GRASS POLLEN MIXTURE OF 6 (*grass pollen standardized extract inj 100000 bau/ml**)	Brand	6/18/23	Non-covered
STRAWBERRY ALLERGENIC EXT RACT (strawberry (fragaria x ananassa) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
SURGIFOAM (gelatin absorbable powder)	Brand	5/28/23	Non-covered
SWEET CHERRY ALLERGENIC E XTRACT (sweet cherry (prunus avium) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)	Generic	7/16/23	Non-covered, generic for AGGRASTAT
tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)	Generic	7/16/23	Non-covered, generic for AGGRASTAT
TOLAK (fluorouracil cream 4%)	Brand	7/31/23	Non-covered
TOLMETIN SODIUM (tolmetin sodium cap 400 mg)	Brand	8/6/23	Non-covered
TOMATO ALLERGENIC EXTRACT (tomato (solanum lycopersicum) (diagnostic) inj 1:40)	Brand	7/23/23	Non-covered
TREE MIX 9 (*tree mixture extract inj soln 1:20**)	Brand	6/18/23	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 50 mg/0.14ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 75 mg/0.21ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 100 mg/0.28ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 125 mg/0.35ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 150 mg/0.42ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 200 mg/0.56ml)	Brand	1/1/24	Non-covered
UZEDY (risperidone subcutaneous er susp pref syr 250 mg/0.7ml)	Brand	1/1/24	Non-covered
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	Generic	7/2/23	Non-covered
VEOZAH (fezolinetant tab 45 mg)	Brand	1/1/24	Non-covered
VYJUVEK (beremagene geperpavec-svdt gel 5,000,000,000 pfu/2.5ml)	Brand	1/1/24	Non-covered
WESTERN JUNIPER POLLEN EX TRACT (western juniper (juniperus occidentalis) inj soln 1:40)	Brand	7/23/23	Non-covered
WESTERN JUNIPER POLLEN EX TRACT (western juniper (juniperus occidentalis)(diag) inj soln 1:40)	Brand	7/23/23	Non-covered
WHITE ALDER POLLEN EXTRAC T (white alder (alnus rhombifolia) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
WHITE ALDER POLLEN EXTRAC T (white alder (alnus rhombifolia) inj 1:20)	Brand	7/23/23	Non-covered
WHITE ASH POLLEN EXTRACT (white ash (fraxinus americana) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
WHITE ASH POLLEN EXTRACT (white ash (fraxinus americana) inj soln 1:20)	Brand	7/23/23	Non-covered
WHITE ASH POLLEN EXTRACT (white ash (fraxinus americana) inj soln 40000 pnu/ml)	Brand	7/2/23	Non-covered
WHITE BIRCH POLLEN EXTRAC T (white birch (betula populifolia) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
WHITE BIRCH POLLEN EXTRAC T (white birch (betula populifolia) inj soln 1:20)	Brand	7/23/23	Non-covered
WHITE POTATO ALLERGENIC E XTRACT (white potato (solanum tuberosum) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
WHOLE GRAIN BARLEY ALLERG ENIC EXTRACT (whole grain barley (hordeum vulgare) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
WHOLE WHEAT ALLERGENIC EX TRACT (whole wheat (triticum aestivum) (diagnostic) inj 1:20)	Brand	7/23/23	Non-covered
XACDURO (sulbactam sodium-durlobactam sodium for iv soln 1-1 gm)	Brand	8/13/23	Non-covered
XENPOZYME (olipudase alfa-rpcp for iv soln 4 mg)	Brand	7/30/23	Non-covered
XEROFORM OCCLUSIVE GAUZE PATCH (*bismuth tribromophenate-petrolatum dressing pads***)	Brand	5/28/23	Non-covered
YUFLYMA 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/24	Non-covered
YUFLYMA 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4ml)	Brand	1/1/24	Non-covered
YUFLYMA 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 40 mg/0.4ml)	Brand	1/1/24	Non-covered
YUSIMRY (adalimumab-aqvh soln pen-injector 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ZAVZPRET (zavegepant hcl nasal spray 10 mg/act)	Brand	1/1/24	Non-covered
ZOLPIDEM TARTRATE (zolpidem tartrate cap 7.5 mg)	Brand	1/1/24	Non-covered