NetResults Select A-Series Formulary Updates

January 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
AEROCHAMBER2GO ANTI-STATI C VALVED HOLDING CHAMBER (*spacer/aerosol-holding chambers - device***)	Brand	7/6/25	Addition to Tier 3
AFLURIA 2025-2026 (influenza virus vaccine split im susp)	Brand	7/13/25	Addition to Tier 3
AFLURIA 2025-2026 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/13/25	Addition to Tier 3
amoxicillin (trihydrate) for susp 400 mg/5ml	Generic	6/22/25	Move from non-covered to Tier 1
ANALPRAM HC (hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%)	Brand	8/3/25	Addition to Tier 4
ARBLI (losartan potassium oral susp 10 mg/ml)	Brand	1/1/26	Addition to Tier 4
aripiprazole tab 20 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
atenolol & chlorthalidone tab 100-25 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
AVMAPKI FAKZYNJA CO-PACK (avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack)	Brand	1/1/26	Addition to Tier 4
bosentan tab for oral susp 32 mg	Generic	8/17/25	Addition to Tier 2, generic for TRACLEER
ciclopirox olamine cream 0.77% (base equiv)	Generic	1/1/26	Move from Tier 2 to Tier 1
clobetasol propionate foam 0.05%	Generic	1/1/26	Move from non-covered to Tier 2
CRENESSITY (crinecerfont cap 25 mg)	Brand	8/1/25	Addition to Tier 4
desipramine hcl tab 10 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
doxepin hcl cap 50 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
EDURANT PED (rilpivirine hcl tab for oral susp 2.5 mg (base equivalent))	Brand	5/18/25	Addition to Tier 4
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
eltrombopag olamine powder pack for susp 25 mg (base equiv)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
eltrombopag olamine tab 12.5 mg (base equiv)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
eltrombopag olamine tab 25 mg (base equiv)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
eltrombopag olamine tab 50 mg (base equiv)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
eltrombopag olamine tab 75 mg (base equiv)	Generic	5/18/25	Addition to Tier 2, generic for PROMACTA
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Generic	6/1/25	Addition to Tier 2, generic for COMPLERA
ENSACOVE (ensartinib hcl cap 25 mg (base equivalent))	Brand	1/1/26	Addition to Tier 4
ENSACOVE (ensartinib hcl cap 100 mg (base equivalent))	Brand	1/1/26	Addition to Tier 4
FANAPT TITRATION PACK B (iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak)	Brand	7/6/25	Addition to Tier 4
FANAPT TITRATION PACK C (iloperidone tab 1 mg & 2 mg & 6 mg titration pak)	Brand	7/6/25	Addition to Tier 4
fidaxomicin tab 200 mg	Generic	7/20/25	Addition to Tier 2, generic for DIFICID
FLUAD 2025-2026 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Brand	7/13/25	Addition to Tier 3
FLUARIX 2025-2026 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/13/25	Addition to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
FLUBLOK 2025-2026 (influenza virus vacc recombinant ha pf soln pref syr 0.5 ml)	Brand	7/13/25	Addition to Tier 3
FLUCELVAX 2025-2026 (influenza virus vac tiss-cult subunit im susp)	Brand	7/13/25	Addition to Tier 3
FLUCELVAX 2025-2026 (influenza virus vac tiss-cult subunit susp pref syr 0.5 ml)	Brand	7/13/25	Addition to Tier 3
FLULAVAL 2025-2026 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/13/25	Addition to Tier 3
FLUMIST NASAL VACCINE 202 5-2026 (influenza virus vaccine live intranasal liquid)	Brand	7/13/25	Addition to Tier 3
fluvoxamine maleate tab 50 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
FLUZONE 2025-2026 (influenza virus vaccine split im susp)	Brand	7/13/25	Addition to Tier 3
FLUZONE 2025-2026 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	Brand	7/13/25	Addition to Tier 3
FLUZONE HIGH-DOSE 2025-20 26 (influenza virus vac split high-dose pf susp pref syr 0.5ml)	Brand	7/13/25	Addition to Tier 3
FREESTYLE LIBRE 14 DAY/RE- (continuous glucose system receiver)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 14 DAY/SE- (continuous glucose system sensor)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 2 PLUS/SE- (continuous glucose system sensor)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 2/READER (continuous glucose system receiver)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 2/SENSOR (continuous glucose system sensor)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 3 PLUS/SE (continuous glucose system sensor)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 3 /READER (continuous glucose system reader)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 3 /SENSOR (continuous glucose system sensor)	Brand	1/1/26	Move from non-covered to Tier 3
FREESTYLE LIBRE 3 /READER (continuous glucose system receiver)	Brand	1/1/26	Move from non-covered to Tier 3
FULPHILA 6 mg/0.6ml (pegfilgrastim-jmdb sosy)	Brand	1/1/26	Addition to Tier 3
GLASSIA (alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml)	Brand	6/8/25	Addition to Tier 4
GLASSIA (alpha1-proteinase inhibitor (human) iv soln 5 gm/250ml)	Brand	6/8/25	Addition to Tier 4
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen soln 10-300 mg/15ml)	Brand	6/8/25	Addition to Tier 4
hydroxychloroquine sulfate tab 300 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
IBTROZI (taletrectinib adipate cap 200 mg)	Brand	1/1/26	Addition to Tier 4
isoniazid tab 100 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
isosorbide mononitrate tab 10 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
JYNARQUE (tolvaptan tab 15 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab 30 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab therapy pack 15 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab therapy pack 30 & 15 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab therapy pack 45 & 15 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab therapy pack 60 & 30 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
JYNARQUE (tolvaptan tab therapy pack 90 & 30 mg)	Brand	10/1/25	Move from Tier 4 to Tier 2
mefloquine hcl tab 250 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
methyldopa tab 250 mg	Generic	6/1/25	Addition to Tier 2
methyldopa tab 250 mg	Generic	6/1/25	Move from Tier 4 to Tier 2
metolazone tab 2.5 mg	Generic	1/1/26	Move from Tier 2 to Tier 1

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
mirtazapine orally disintegrating tab 15 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
MNEXSPIKE COVID-19 VACCIN E/2025-26 (covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml)	Brand	7/20/25	Addition to Tier 3
MODERNA COVID-19 VACCINE /6MO-11Y/2025-26 (covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)	Brand	7/27/25	Addition to Tier 3
naloxone hcl inj 0.4 mg/ml	Generic	1/1/26	Move from Tier 2 to Tier 1
naloxone hcl soln prefilled syringe 0.4 mg/ml	Generic	8/3/25	Move from Tier 3 to Tier 2
nilotinib hcl cap 50 mg (base equivalent)	Generic	5/25/25	Addition to Tier 2, generic for TASIGNA
nilotinib hcl cap 150 mg (base equivalent)	Generic	5/25/25	Addition to Tier 2, generic for TASIGNA
nilotinib hcl cap 200 mg (base equivalent)	Generic	5/25/25	Addition to Tier 2, generic for TASIGNA
nitrofurantoin macrocrystalline cap 50 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
nitroglycerin sl tab 0.6 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Generic	1/1/26	Move from Tier 2 to Tier 1
OGSIVEO (nirogacestat hydrobromide tab 50 mg)	Brand	1/1/26	Move from Tier 4 to Tier 3
OGSIVEO (nirogacestat hydrobromide tab 100 mg)	Brand	1/1/26	Move from Tier 4 to Tier 3
OGSIVEO (nirogacestat hydrobromide tab 150 mg)	Brand	1/1/26	Move from Tier 4 to Tier 3
PENMENVY (meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj)	Brand	7/20/25	Addition to Tier 3
perampanel tab 2 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
perampanel tab 4 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
perampanel tab 6 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
perampanel tab 8 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
perampanel tab 10 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
perampanel tab 12 mg	Generic	6/1/25	Addition to Tier 2, generic for FYCOMPA
PREZCOBIX (darunavir-cobicistat tab 675-150 mg)	Brand	8/17/25	Addition to Tier 3
PROMETHAZINE HYDROCHLORID E (promethazine hcl syrup 6.25 mg/5ml)	Brand	6/15/25	Addition to Tier 4
quetiapine fumarate tab er 24hr 200 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
quetiapine fumarate tab sr 24hr 200 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
repaglinide tab 0.5 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
repaglinide tab 1 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
rivaroxaban for susp 1 mg/ml	Generic	7/6/25	Addition to Tier 2, generic for XARELTO
sacubitril-valsartan tab 24-26 mg	Generic	8/10/25	Addition to Tier 2, generic for ENTRESTO
sacubitril-valsartan tab 49-51 mg	Generic	8/10/25	Addition to Tier 2, generic for ENTRESTO
sacubitril-valsartan tab 97-103 mg	Generic	8/10/25	Addition to Tier 2, generic for ENTRESTO
sodium citrate & citric acid soln 500-334 mg/5ml	Generic	5/18/25	Addition to Tier 4
sodium citrate & citric acid soln 500-334 mg/5ml	Generic	6/29/25	Move from Tier 4 to Tier 2, generic for CYTRA-2
SPEVIGO (spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml)	Brand	8/3/25	Addition to Tier 4
SPIKEVAX COVID-19 VACCINE /2025-26 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	Brand	7/20/25	Addition to Tier 3
TAZVERIK (tazemetostat hbr tab 200 mg)	Brand	1/1/26	Move from Tier 4 to Tier 3
telmisartan tab 80 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
topiramate sprinkle cap 50 mg	Generic	7/27/25	Move from Tier 4 to Tier 2
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 16 mcg/cartridge)	Brand	1/1/26	Move from non-covered to Tier 4
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 32 mcg/cartridge)	Brand	1/1/26	Move from non-covered to Tier 4
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 48 mcg/cartridge)	Brand	1/1/26	Move from non-covered to Tier 4
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 64 mcg/cartridge)	Brand	1/1/26	Move from non-covered to Tier 4
TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg)	Brand	1/1/26	Move from non-covered to Tier 4
TYVASO DPI TITRATION KIT (treprostinil inh powder 112 x 16mcg & 84 x 32mcg)	Brand	1/1/26	Move from non-covered to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
valsartan-hydrochlorothiazide tab 160-25 mg	Generic	1/1/26	Move from Tier 2 to Tier 1
vardenafil hcl tab 2.5 mg	Generic	1/1/26	Move from Tier 2 to Tier 1 of the *optional Sexual Dysfunction Component*
VYKAT XR (diazoxide choline tab er 24hr 25 mg)	Brand	12/1/25	Addition to Tier 4
VYKAT XR (diazoxide choline tab er 24hr 75 mg)	Brand	12/1/25	Addition to Tier 4
VYKAT XR (diazoxide choline tab er 24hr 150 mg)	Brand	12/1/25	Addition to Tier 4
VYVGART HYTRULO (efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml)	Brand	1/1/26	Addition to Tier 4
YUTREPIA (treprostinil sodium inhal cap 26.5 mcg)	Brand	1/1/26	Addition to Tier 4
YUTREPIA (treprostinil sodium inhal cap 53 mcg)	Brand	1/1/26	Addition to Tier 4
YUTREPIA (treprostinil sodium inhal cap 79.5 mcg)	Brand	1/1/26	Addition to Tier 4
YUTREPIA (treprostinil sodium inhal cap 106 mcg)	Brand	1/1/26	Addition to Tier 4
ZELSUVMI (berdazimer sodium gel 10.3%)	Brand	1/1/26	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
alendronate sodium oral soln 70 mg/75ml	Generic	1/1/26	Remove from Tier 2, no longer covered
alprazolam tab er 24hr 2 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
alprazolam tab sr 24hr 2 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Generic	1/1/26	Move from Tier 1 to Tier 2
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	Brand	1/1/26	Move from Tier 2 to Tier 4
cefprozil tab 250 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
cefuroxime axetil tab 500 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	Brand	1/1/26	Move from Tier 2 to Tier 4
clotrimazole w/ betamethasone cream 1-0.05%	Generic	1/1/26	Move from Tier 1 to Tier 2
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
DIFICID (fidaxomicin tab 200 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
diltiazem hcl coated beads cap er 24hr 300 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
diltiazem hcl coated beads cap sr 24hr 300 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Brand	1/1/26	Move from Tier 2 to Tier 4
ENTRESTO (sacubitril-valsartan tab 24-26 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
ENTRESTO (sacubitril-valsartan tab 49-51 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
ENTRESTO (sacubitril-valsartan tab 97-103 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
ERYTHROMYCIN (erythromycin ophth oint 5 mg/gm)	Brand	1/1/26	Remove from *Drug Shortage Component*, no longer covered
ethambutol hcl tab 100 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
fluocinolone acetonide cream 0.025%	Generic	1/1/26	Remove from Tier 2, no longer covered, generic for SYNALAR cream
FLURBIPROFEN (flurbiprofen tab 50 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FLURBIPROFEN (flurbiprofen tab 100 mg)	Brand	1/1/26	Remove from Tier 2, no longer covered
flurbiprofen tab 100 mg	Generic	1/1/26	Remove from Tier 2, no longer covered
fluticasone propionate cream 0.05%	Generic	1/1/26	Move from Tier 1 to Tier 2
FYCOMPA (perampanel tab 2 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FYCOMPA (perampanel tab 4 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FYCOMPA (perampanel tab 6 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FYCOMPA (perampanel tab 8 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FYCOMPA (perampanel tab 10 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
FYCOMPA (perampanel tab 12 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
GALZIN (zinc acetate cap 25 mg (elemental zinc))	Brand	1/1/26	Remove from Tier 4, no longer covered
GALZIN (zinc acetate cap 50 mg (elemental zinc))	Brand	1/1/26	Remove from Tier 4, no longer covered
glycopyrrolate tab 1 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
liothyronine sodium tab 25 mcg	Generic	1/1/26	Move from Tier 1 to Tier 2
LURBIPR (flurbiprofen tab 100 mg)	Brand	6/6/25	Remove from Tier 2, no longer covered
megestrol acetate tab 40 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
MIGLITOL (miglitol tab 25 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
MIGLITOL (miglitol tab 50 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
MIGLITOL (miglitol tab 100 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
miglitol tab 25 mg	Generic	1/1/26	Remove from Tier 2, no longer covered
miglitol tab 50 mg	Generic	1/1/26	Remove from Tier 2, no longer covered
miglitol tab 100 mg	Generic	1/1/26	Remove from Tier 2, no longer covered
naloxone hcl inj 4 mg/10ml	Generic	1/1/26	Move from Tier 1 to Tier 2
nifedipine tab er 24hr osmotic release 90 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
nifedipine tab sr 24hr osmotic release 90 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
nitrofurantoin macrocrystalline cap 100 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Generic	1/1/26	Move from Tier 1 to Tier 2
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/26	Remove from Tier 3, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ondansetron hcl oral soln 4 mg/5ml	Generic	1/1/26	Move from Tier 1 to Tier 2
OMNIPOD GO (10 units/day, 15 units/day, 20 units/day, 25 units/day, 30 units/day, 35 units/day, & 40 units/day)	Brand	1/1/26	Removal from Tier 4, no longer covered
piroxicam cap 10 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
prednisolone soln 15 mg/5ml	Generic	1/1/26	Move from Tier 1 to Tier 2
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq))	Brand	1/1/26	Remove from Tier 4, no longer covered
PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))	Brand	1/1/26	Remove from Tier 4, no longer covered
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv))	Brand	1/1/26	Remove from Tier 4, no longer covered
PROMACTA (eltrombopag olamine tab 25 mg (base equiv))	Brand	1/1/26	Remove from Tier 4, no longer covered
PROMACTA (eltrombopag olamine tab 50 mg (base equiv))	Brand	1/1/26	Remove from Tier 4, no longer covered
PROMACTA (eltrombopag olamine tab 75 mg (base equiv))	Brand	1/1/26	Remove from Tier 4, no longer covered
REVLIMID (lenalidomide caps 2.5 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
REVLIMID (lenalidomide cap 5 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
REVLIMID (lenalidomide cap 10 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
REVLIMID (lenalidomide cap 15 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
REVLIMID (lenalidomide cap 20 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
REVLIMID (lenalidomide cap 25 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
risedronate sodium tab 5 mg	Generic	1/1/26	Remove from Tier 2, no longer covered
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Brand	1/1/26	Remove from Tier 4, no longer covered
sodium chloride soln nebu 3%	Generic	1/1/26	Move from Tier 1 to Tier 2
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Brand	1/1/26	Remove from Tier 2, no longer covered
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Brand	4/1/26	Move from Tier 2 to Tier 4
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Generic	1/1/26	Move from Tier 1 to Tier 2
TASIGNA (nilotinib hcl cap 50 mg (base equivalent))	Brand	1/1/26	Remove from Tier 3, no longer covered
TASIGNA (nilotinib hcl cap 150 mg (base equivalent))	Brand	1/1/26	Remove from Tier 3, no longer covered
TASIGNA (nilotinib hcl cap 200 mg (base equivalent))	Brand	1/1/26	Remove from Tier 3, no longer covered
TRACLEER (bosentan tab for oral susp 32 mg)	Brand	1/1/26	Remove from Tier 3, no longer covered
trimethobenzamide hcl cap 300 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
zolpidem tartrate tab cr 12.5 mg	Generic	1/1/26	Move from Tier 1 to Tier 2
zolpidem tartrate tab er 12.5 mg	Generic	1/1/26	Move from Tier 1 to Tier 2

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
*dehydrated alcohol intra-arterial soln***	Generic	8/10/25	Non-covered, generic for ABLYSINOL
ADRENALIN (epinephrine-nacl iv soln 2 mg/250ml-0.9% (8 mcg/ml))	Brand	8/10/25	Non-covered
ADRENALIN (epinephrine-nacl iv soln 10 mg/250ml-0.9% (40 mcg/ml))	Brand	8/10/25	Non-covered
ALFALFA (alfalfa (diagnostic) inj 1:20)	Brand	7/27/25	Non-covered
ALTERNARIA ALTERNATA (alternaria alternata inj 24000 pnu/ml (1:10))	Brand	7/27/25	Non-covered
ALTRIXA OB (*prenatal vit w/ fe fum-methylfolate-fa tab 15-0.4-0.6 mg***)	Brand	6/8/25	Non-covered
AMERICAN SYCAMORE EXTRACT (american sycamore (platanus occidentalis) inj 1:20)	Brand	5/8/25	Non-covered
AMMONIA N 13 (ammonia n 13 iv soln 3.75-260 mci/ml (0.138-9.62 gbq/ml))	Brand	6/29/25	Non-covered
AVERI (desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg)	Brand	6/22/25	Non-covered
AVGEMSI (gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv))	Brand	7/27/25	Non-covered
AVGEMSI (gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv))	Brand	7/27/25	Non-covered
BACLOFEN (baclofen oral soln 5 mg/5ml)	Brand	7/20/25	Non-covered
BIMZELX (bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml)	Brand	1/1/26	Non-covered
BIMZELX (bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml)	Brand	1/1/26	Non-covered
BLACK WALNUT POLLEN EXTRA CT (black walnut pollen inj 1:20)	Brand	5/8/25	Non-covered
BONSITY (teriparatide soln pen-inj 560 mcg/2.24ml)	Brand	1/1/26	Non-covered
BOX ELDER EXTRACT (box elder (acer negundo) inj 1:20)	Brand	5/8/25	Non-covered
BUCAPSOL (buspirone hcl cap 7.5 mg)	Brand	5/25/25	Non-covered
BUCAPSOL (buspirone hcl cap 10 mg)	Brand	5/25/25	Non-covered
BUCAPSOL (buspirone hcl cap 15 mg)	Brand	5/25/25	Non-covered
BUTALBITAL/ACETAMINOPHEN/ CAFFEINE (butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml)	Brand	8/17/25	Non-covered
CAMCEVI (leuprolide mesylate (6 month) emulsion prefilled syr 42 mg)	Brand	5/18/25	Non-covered
CARBZAH (carbinoxamine maleate soln 4 mg/5ml)	Brand	7/13/25	Non-covered
CARELESSWEED (carelessweed inj 1:40)	Brand	7/27/25	Non-covered
CLEMASZ (clemastine fumarate tab 2.68 mg)	Brand	1/1/26	Non-covered
COMBOGESIC (ibuprofen-acetaminophen tab 97.5-325 mg)	Brand	1/1/26	Non-covered
CORN SMUT (corn smut inj 1:20)	Brand	7/27/25	Non-covered
DICYCLOMINE HYDROCHLORIDE (dicyclomine hcl tab 40 mg)	Brand	7/20/25	Non-covered
EMBLAVEO (aztreonam-avibactam sodium for inj 1.5-0.5 gm)	Brand	6/1/25	Non-covered
EMBRIVA (*prenatal vit w/ fe gluconate-fa tab 13-1 mg***)	Brand	8/17/25	Non-covered
EMRELIS (telisotuzumab vedotin-tllv for iv solution 20 mg)	Brand	5/25/25	Non-covered
EMRELIS (telisotuzumab vedotin-tllv for iv solution 100 mg)	Brand	5/25/25	Non-covered
ENCELTO (revakinagene taroretcel-lwey intravit implant 200,000 cells)	Brand	1/1/26	Non-covered
ENFLONSIA (clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml)	Brand	1/1/26	Non-covered
ENGLISH PLANTAIN EXTRACT (english plantain (plantago lanceolata) inj 1:20)	Brand	5/8/25	Non-covered
ephedrine sulfate prefilled syringe 50 mg/10ml (5 mg/ml)	Generic	8/17/25	Non-covered
EPICOCCUM NIGRUM (epicoccum inj 1:20)	Brand	7/27/25	Non-covered
EPINEPHRINE (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	6/8/25	Non-covered
EPINEPHRINE BITARTRATE/SO DIUM CHLORIDE (epinephrine bitart-nacl iv soln 16 mg/250ml-0.9% (64 mcg/ml))	Brand	5/25/25	Non-covered
epinephrine pf inj 1 mg/ml	Generic	6/8/25	Non-covered
EXENATIDE (exenatide soln pen-injector 5 mcg/0.02ml)	Brand	5/25/25	Non-covered
FLECTOR (diclofenac epolamine patch 1.3%)	Brand	6/8/25	Non-covered
FLUOROURACIL (fluorouracil cream 0.5%)	Brand	8/3/25	Non-covered
FOLATEXCEL (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Brand	8/10/25	Non-covered
FYLNETRA (pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/26	Non-covered
gadoteridol iv soln 279.3 mg/ml (0.5 mmol/ml)	Generic	5/18/25	Non-covered, generic for PROHANCE
GUINEA PIG EPITHELIUM EXT RACT (guinea pig epithelium inj soln 1:20)	Brand	7/27/25	Non-covered
HEMICLOR (chlorthalidone tab 12.5 mg)	Brand	1/1/26	Non-covered
HYDROCORTISONE ACETATE (hydrocortisone acetate cream 2.5%)	Brand	8/3/25	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
HYDROMORPHONE HYDROCHLORI DE (hydromorphone hcl inj 2 mg/ml)	Brand	5/25/25	Non-covered
IBUPROFEN (ibuprofen tab 300 mg)	Brand	7/13/25	Non-covered
IMULDOSA (ustekinumab-srlf iv soln 130 mg/26ml (5 mg/ml) (for iv inf))	Brand	7/27/25	Non-covered
IMULDOSA (ustekinumab-srlf soln prefilled syringe 45 mg/0.5ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
IMULDOSA (ustekinumab-srlf soln prefilled syringe 90 mg/ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
INZIRQO (hydrochlorothiazide for susp 10 mg/ml)	Brand	1/1/26	Non-covered
iron sucrose inj 20 mg/ml (fe equiv)	Generic	8/17/25	Non-covered, generic for VENOFER
IVENIX LVP PRIMARY ADMIN SET/MICROBORE/DUALINLET/DUAL Y-SITE (*iv sets/tubing***)	Brand	8/10/25	Non-covered
IVENIX LVP PRIMARY ADMIN SET/MICROBORE/DUAL-INLET/Y-SITE (*iv sets/tubing***)	Brand	8/10/25	Non-covered
IVENIX LVP PRIMARY ADMINI STRATION SET/DUAL-INLET/Y-SITE (*iv sets/tubing***)	Brand	8/10/25	Non-covered
JUBBONTI (denosumab-bbdz inj soln prefilled syringe 60 mg/ml)	Brand	1/1/26	Non-covered
KERENDIA (finerenone tab 40 mg)	Brand	7/20/25	Non-covered
KHINDIVI (hydrocortisone oral soln 1 mg/ml)	Brand	1/1/26	Non-covered
LAMBS QUARTERS EXTRACT (lambs quarters (chenopodium album) inj 1:20)	Brand	6/21/25	Non-covered
LEQSELVI (deuruxolitinib phosphate tab 8 mg (base equiv))	Brand	1/1/26	Non-covered
LIKMEZ (metronidazole susp 500 mg/5ml)	Brand	1/1/26	Non-covered
LOPRESSOR (metoprolol tartrate oral soln 10 mg/ml)	Brand	1/1/26	Non-covered
LYNOZYFIC (linvoseltamab-gcpt iv soln 5 mg/2.5ml (2 mg/ml))	Brand	7/13/25	Non-covered
LYNOZYFIC (linvoseltamab-gcpt iv soln 200 mg/10ml (20 mg/ml))	Brand	7/13/25	*Non-covered*
MATERVIA (*prenatal multivitamins & minerals w/iron & fa cap 0.5 mg***)	Brand	6/22/25	Non-covered
MERILOG (insulin aspart-szjj subcutaneous soln 100 unit/ml)	Brand	1/1/26	Non-covered
MERILOG SOLOSTAR (insulin aspart-szjj soln pen-injector 100 unit/ml)	Brand	1/1/26	Non-covered
meropenem iv for soln 2 gm	Generic	7/6/25	Non-covered, generic for MEROPENEM
MICORT HC (hydrocortisone acetate cream 2.5%)	Brand	7/27/25	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 50 mg/50ml-sodium chloride 0.9% pf iv soln)	Brand	5/18/25	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 100 mg/100ml-sodium chloride 0.9% pf iv soln)	Brand	5/18/25	Non-covered
MIXED COCKROACH EXTRACT (cockroach mixed allergen extract inj 1:20)	Brand	7/13/25	Non-covered
MODD1 PATIENT WELCOME KIT (*insulin infusion disposable pump kit***)	Brand	8/3/25	Non-covered
MODD1 SUPPLY KIT (*insulin infusion disposable pump reservoir/infus set kit***)	Brand	8/3/25	Non-covered
NEOMATERNA (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Brand	6/1/25	Non-covered
NILOTINIB (nilotinib d-tartrate cap 50 mg (base equivalent))	Brand	1/1/26	Non-covered
NILOTINIB (nilotinib d-tartrate cap 150 mg (base equivalent))	Brand	1/1/26	Non-covered
NILOTINIB (nilotinib d-tartrate cap 200 mg (base equivalent))	Brand	1/1/26	Non-covered
OSENVELT (denosumab-bmwo inj 120 mg/1.7ml)	Brand	1/1/26	Non-covered
PECAN POLLEN EXTRACT (pecan pollen inj 1:20)	Brand	5/8/25	Non-covered
pilocarpine hcl ophth soln 1.25%	Generic	8/10/25	Non-covered, *Vision Enhancement Agents Component*; generic for VUITY
PNV 27-CA/FE/FA (*prenatal vit w/ fe fumarate-fa tab 60-1 mg***)	Brand	6/1/25	Non-covered
POTASSIUM PHOSPHATES/SODI UM CHLORIDE (potassium phosphates-nacl 0.9 % iv soln 15 mmole/100ml)	Brand	6/22/25	Non-covered
PRURADIK (crotamiton lotion 10%)	Brand	6/15/25	Non-covered
PYZCHIVA (ustekinumab-ttwe soln auto-injector 45 mg/0.5ml)	Brand	10/1/25	Non-covered, *Excluded OP Biosimilar Component*
PYZCHIVA (ustekinumab-ttwe soln auto-injector 90 mg/ml)	Brand	10/1/25	Non-covered, *Excluded OP Biosimilar Component*
PYZCHIVA (ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml)	Brand	10/1/25	Non-covered, *Excluded OP Biosimilar Component*
QFITLIA (fitusiran sodium subcutaneous soln 20 mg/0.2ml)	Brand	1/1/26	Non-covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
QFITLIA (fitusiran sodium subcutaneous soln auto-inj 50 mg/0.5ml)	Brand	1/1/26	Non-covered
QUACK GRASS (quack grass inj soln 128000 pnu/ml (1:10))	Brand	7/27/25	Non-covered
RED BIRCH EXTRACT (red birch (betula occidentalis) inj 1:20)	Brand	5/8/25	Non-covered
RED CEDAR EXTRACT (red cedar inj 1:20)	Brand	5/8/25	Non-covered
REMODULIN (treprostinil inj soln 8 mg/20ml (0.4 mg/ml))	Brand	8/17/25	Non-covered
RYZNEUTA (efbemalenograstim alfa-vuxw soln prefilled syringe 20 mg/ml)	Brand	1/1/26	Non-covered
SAFRYCYN (hyaluronate sodium cream 0.2%)	Brand	8/17/25	Non-covered
SAGEBRUSH EXTRACT (sagebrush inj 1:20)	Brand	5/8/25	Non-covered
sertraline hcl cap 150 mg	Generic	7/27/25	Non-covered
sertraline hcl cap 200 mg	Generic	7/27/25	Non-covered
SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24hr 50-500 mg)	Brand	1/1/26	Non-covered
SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg)	Brand	1/1/26	Non-covered
SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg)	Brand	1/1/26	Non-covered
STANDARDIZED PERENNIAL RY E GRASS POLLEN EXTRACT (perennial rye grass pollen standardized inj 100000 bau/ml)	Brand	5/8/25	Non-covered
STOBOCLO (denosumab-bmwo inj soln prefilled syringe 60 mg/ml)	Brand	1/1/26	Non-covered
SUCCINYLCHOLINE CHLORIDE (succinylcholine cl inj sol pref syr 200 mg/10ml (20 mg/ml))	Brand	6/8/25	Non-covered
SUCCINYLCHOLINE CHLORIDE +RFID (succinylcholine cl inj sol pref syr 200 mg/10ml (20 mg/ml))	Brand	7/6/25	Non-covered
SYMBRAVO (meloxicam-rizatriptan tab 20-10 mg)	Brand	1/1/26	Non-covered
TEPADINA (thiotepa & sodium chloride 0.9% for iv soln 200 mg/200ml)	Brand	8/3/25	Non-covered
TEZRULY (terazosin hcl oral soln 1 mg/ml (base equivalent))	Brand	1/1/26	Non-covered
TNKASE (tenecteplase for iv soln kit 25 mg)	Brand	8/17/25	Non-covered
tolvaptan tab 15 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab 30 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab therapy pack 15 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab therapy pack 30 & 15 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab therapy pack 45 & 15 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab therapy pack 60 & 30 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
tolvaptan tab therapy pack 90 & 30 mg	Generic	10/1/25	Non-covered, generic for JYNARQUE
topiramate oral soln 25 mg/ml	Generic	7/13/25	Non-covered, generic for EPRONTIA
triamcinolone acetonide inj susp 10 mg/ml	Generic	8/3/25	Non-covered, generic for KENALOG-10
USTEKINUMAB (ustekinumab inj 45 mg/0.5ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
USTEKINUMAB (ustekinumab soln prefilled syringe 45 mg/0.5ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
USTEKINUMAB (ustekinumab soln prefilled syringe 90 mg/ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
USTEKINUMAB-AEKN (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
USTEKINUMAB-AEKN (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	1/1/26	Non-covered, *Excluded OP Biosimilar Component*
VARIBAR PUDDING (barium sulfate oral paste 40%)	Brand	6/21/25	Non-covered
VIA MATRIX 2CM X 3CM (*amniotic membrane allograft (human) sheet 2 cm x 3 cm***)	Brand	6/15/25	Non-covered
VIA MATRIX 4CM X 4CM (*amniotic membrane allograft (human) sheet 4 cm x 4 cm***)	Brand	6/15/25	Non-covered
VIA MATRIX 4CM X 6CM (*amniotic membrane allograft (human) sheet 4 cm x 6 cm***)	Brand	6/15/25	Non-covered
VIA MATRIX 10CM X 11CM (*amniotic membrane allograft (human) sheet 10 cm x 11 cm***)	Brand	6/22/25	Non-covered

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VIRGINIA LIVE OAK EXTRACT (virginia live oak inj 1:20)	Brand	6/21/25	Non-covered
WESTERN RAGWEED (western ragweed inj 1:20)	Brand	7/27/25	Non-covered
WHITE ASH EXTRACT (white ash (fraxinus americana) inj 1:20)	Brand	5/8/25	Non-covered
WYOST (denosumab-bbdz inj 120 mg/1.7ml)	Brand	1/1/26	Non-covered
XIFAXAN (rifaximin tab 550 mg)	Brand	8/10/25	Non-covered
XIFYRM (meloxicam iv soln 30 mg/ml)	Brand	6/29/25	Non-covered
ZEPBOUND (tirzepatide (weight mngmt) soln 12.5 mg/0.5ml)	Brand	6/29/25	Non-covered
ZEPBOUND (tirzepatide (weight mngmt) soln 15 mg/0.5ml)	Brand	6/29/25	Non-covered
ZEVASKYN (prademagene zamikeracel sheet)	Brand	1/1/26	Non-covered