

# NetResults Formulary Updates



January 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](http://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
AFLURIA QUADRIVALENT 2021–2022 (influenza virus vac split quadrivalent susp pref syr 0.25 ml)	Brand	7/18/21	Addition to Tier 3
AFLURIA QUADRIVALENT 2021–2022 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/18/21	Addition to Tier 3
AFLURIA QUADRIVALENT 2021–2022 (influenza virus vaccine split quadrivalent im inj)	Brand	7/18/21	Addition to Tier 3
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml)	Brand	1/1/22	Move from non-covered to Tier 3
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml)	Brand	1/1/22	Move from non-covered to Tier 3
alprazolam tab sr 24hr 2 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
alprazolam tab sr 24hr 3 mg	Generic	1/1/22	Move from Tier 2 to Tier 2
amphetamine-dextroamphetamine cap er 24hr 5 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap er 24hr 10 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap er 24hr 15 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap er 24hr 20 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap er 24hr 25 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap er 24hr 30 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 5 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 10 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 15 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 20 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 25 mg	Generic	1/1/22	Move from non-covered to Tier 2
amphetamine-dextroamphetamine cap sr 24hr 30 mg	Generic	1/1/22	Move from non-covered to Tier 2
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Generic	6/27/21	Addition to Tier 2, generic for BROVANA
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Generic	6/27/21	Move from Tier 3 to Tier 2
aripiprazole tab 2 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
aripiprazole tab 5 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
aripiprazole tab 10 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
aripiprazole tab 15 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
AYVAKIT (avapritinib tab 25 mg)	Brand	6/27/21	Addition to Tier 3
AYVAKIT (avapritinib tab 50 mg)	Brand	6/27/21	Addition to Tier 3
bupropion hcl tab 75 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
clindamycin hcl cap 75 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
diltiazem hcl extended release beads cap er 24hr 180 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
diltiazem hcl extended release beads cap sr 24hr 180 mg	Generic	1/1/22	Move from Tier 2 to Tier 1

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
DUPIXENT (dupilumab subcutaneous soln pen-injector 300 mg/2ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 300 mg/2ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Brand	10/1/21	Addition to Tier 3
enalapril maleate oral soln 1 mg/ml	Generic	8/22/21	Addition to Tier 2, generic for EPANED
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
fenofibrate micronized cap 67 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
FLUAD QUADRIVALENT 2021–2022 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Brand	7/18/21	Addition to Tier 3
FLUARIX QUADRIVALENT 2021–2022 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/18/21	Addition to Tier 3
FLUBLOK QUADRIVALENT 2021–2022 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Brand	7/18/21	Addition to Tier 3
FLUCELVAX QUADRIVALENT 2021–2022 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Brand	7/18/21	Addition to Tier 3
FLUCELVAX QUADRIVALENT 2021–2022 (influenza vac tissue-cultured subunit quadrivalent im susp)	Brand	7/18/21	Addition to Tier 3
FLULAVAL QUADRIVALENT 2021–2022 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/18/21	Addition to Tier 3
FLUZONE HIGH-DOSE PF 2021–2022 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Brand	7/18/21	Addition to Tier 3
FLUZONE QUADRIVALENT 2021–2022 (influenza virus vac split quadrivalent susp pref syr 0.5ml)	Brand	7/18/21	Addition to Tier 3
FLUZONE QUADRIVALENT 2021–2022 (influenza virus vaccine split quadrivalent im inj)	Brand	7/18/21	Addition to Tier 3
FLUZONE QUADRIVALENT 2021–2022 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Brand	7/18/21	Addition to Tier 3
isosorbide mononitrate tab er 24hr 120 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
isosorbide mononitrate tab sr 24hr 120 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1ml)	Brand	1/1/22	Addition to Tier 3
LUMAKRAS (sotorasib tab 120 mg)	Brand	1/1/22	Addition to Tier 4
mefloquine hcl tab 250 mg	Generic	8/22/21	Move from Tier 3 to Tier 2
metoprolol tartrate tab 37.5 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
metoprolol tartrate tab 75 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
MYRBETRIQ (mirabegron granules for oral extended release susp 8 mg/ml)	Brand	8/8/21	Addition to Tier 3
nebivolol hcl tab 2.5 mg (base equivalent)	Generic	9/12/21	Addition to Tier 2, generic for BYSTOLIC
nebivolol hcl tab 5 mg (base equivalent)	Generic	9/12/21	Addition to Tier 2, generic for BYSTOLIC
nebivolol hcl tab 10 mg (base equivalent)	Generic	9/12/21	Addition to Tier 2, generic for BYSTOLIC
nebivolol hcl tab 20 mg (base equivalent)	Generic	9/12/21	Addition to Tier 2, generic for BYSTOLIC
nevirapine susp 50 mg/5ml	Generic	1/1/22	Move from Tier 2 to Tier 1
nitroglycerin sl tab 0.4 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Generic	1/1/22	Move from non-covered to Tier 2
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Brand	1/1/22	Move from Tier 4 to Tier 3
NURTEC (rimegepant sulfate tab disint 75 mg)	Brand	1/1/22	Move from Tier 4 to Tier 3
ofloxacin ophth soln 0.3%	Generic	1/1/22	Move from Tier 2 to Tier 1
ORENCIA (abatacept subcutaneous soln prefilled syringe 125 mg/ml)	Brand	1/1/22	Move from non-covered to Tier 4
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml)	Brand	1/1/22	Move from non-covered to Tier 4
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml)	Brand	1/1/22	Move from non-covered to Tier 4
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Brand	1/1/22	Move from non-covered to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
potassium chloride microencapsulated crys er tab 15 meq	Generic	7/18/21	Move from Tier 4 to Tier 2
potassium chloride tab er 20 meq (1500 mg)	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 25 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 50 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 75 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 100 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 150 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 200 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 225 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pregabalin cap 300 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
pyrazinamide tab 500 mg	Generic	7/25/21	Move from Tier 3 to Tier 2
REYVOW (lasmiditan succinate tab 100 mg)	Brand	1/1/22	Move from Tier 4 to Tier 3
REYVOW (lasmiditan succinate tab 50 mg)	Brand	1/1/22	Move from Tier 4 to Tier 3
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
SEMGLEE (insulin glargine-yfgn soln vial 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
sildenafil citrate tab 25 mg	Generic	1/1/22	Move from Tier 2 to Tier 1 of the <i>optional Sexual Dysfunction component</i>
sildenafil citrate tab 50 mg	Generic	1/1/22	Move from Tier 2 to Tier 1 of the <i>optional Sexual Dysfunction component</i>
sildenafil citrate tab 100 mg	Generic	1/1/22	Move from Tier 2 to Tier 1 of the <i>optional Sexual Dysfunction component</i>
sunitinib malate cap 12.5 mg (base equivalent)	Generic	8/22/21	Addition to Tier 2, generic for SUTENT
sunitinib malate cap 25 mg (base equivalent)	Generic	8/22/21	Addition to Tier 2, generic for SUTENT
sunitinib malate cap 37.5 mg (base equivalent)	Generic	8/22/21	Addition to Tier 2, generic for SUTENT
sunitinib malate cap 50 mg (base equivalent)	Generic	8/22/21	Addition to Tier 2, generic for SUTENT
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Brand	10/1/21	Move from non-covered to Tier 4
TIROSINT-SOL (levothyroxine sodium oral solution 37.5 mcg/ml)	Brand	7/18/21	Addition to Tier 4
TIROSINT-SOL (levothyroxine sodium oral solution 44 mcg/ml)	Brand	7/18/21	Addition to Tier 4
TIROSINT-SOL (levothyroxine sodium oral solution 62.5 mcg/ml)	Brand	7/18/21	Addition to Tier 4
TRUSELTIQ (infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose))	Brand	1/1/22	Addition to Tier 4
TRUSELTIQ (infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose))	Brand	1/1/22	Addition to Tier 4
TRUSELTIQ (infigratinib phos cap ther pack 100 mg (100 mg daily dose))	Brand	1/1/22	Addition to Tier 4
TRUSELTIQ (infigratinib phos cap pack 100 & 25 mg (125 mg daily dose))	Brand	1/1/22	Addition to Tier 4
UBRELVY (ubrogepant tab 50 mg)	Brand	1/1/22	Move from Tier 4 to Tier 3
UBRELVY (ubrogepant tab 100 mg)	Brand	1/1/22	Move from Tier 4 to Tier 3
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg (base equiv))	Brand	9/19/21	Addition to Tier 3
VARENICLINE TARTRATE (varenicline tartrate tab 1 mg (base equiv))	Brand	9/19/21	Addition to Tier 3
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml)	Brand	1/1/22	Addition to Tier 4 of the <i>optional Weight Loss component</i>
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml)	Brand	1/1/22	Addition to Tier 4 of the <i>optional Weight Loss component</i>
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml)	Brand	1/1/22	Addition to Tier 4 of the <i>optional Weight Loss component</i>
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml)	Brand	1/1/22	Addition to Tier 4 of the <i>optional Weight Loss component</i>
WEGOVY (semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml)	Brand	1/1/22	Addition to Tier 4 of the <i>optional Weight Loss component</i>
XOFLUZA (baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose))	Brand	7/25/21	Addition to Tier 4
XOFLUZA (baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose))	Brand	7/25/21	Addition to Tier 4
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml)	Brand	1/1/22	Move from non-covered to Tier 3
XOLAIR (omalizumab subcutaneous soln prefilled syringe 150 mg/ml)	Brand	1/1/22	Move from non-covered 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
ABSORICA (isotretinoin cap 10 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 20 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 25 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 30 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 35 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 40 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ADASUVE (loxapine aerosol powder breath activated 10 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 5 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 10 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap sr 24hr 15 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 20 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 25 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 30 mg)	Brand	1/1/22	Removal from Tier 2, no longer covered
ALREX (loteprednol etabonate ophth susp 0.2%)	Brand	4/1/22	Move from Tier 3 to Tier 4
amlodipine besylate-valsartan tab 5-160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
amlodipine besylate-valsartan tab 10-160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
amlodipine besylate-valsartan tab 5-320 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
AZOPT (brinzolamide ophth susp 1%)	Brand	1/1/22	Removal from Tier 3, no longer covered
BANZEL (rufinamide tab 200 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
BANZEL (rufinamide tab 400 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
BENZAEPRIIL HCL/HYDROCHLOR OTHIAZIDE (benazepril & hydrochlorothiazide tab 5-6.25 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
betamethasone valerate aerosol foam 0.12%	Generic	1/1/22	Removal from Tier 2, no longer covered
brinzolamide ophth susp 1%	Generic	4/1/22	Removal from Tier 2, no longer covered
BROVANA (arformoterol tartrate soln nebu 15 mcg/2ml (base equiv))	Brand	4/1/22	Removal from Tier 3, no longer covered
BYSTOLIC (nebivolol hcl tab 2.5 mg (base equivalent))	Brand	4/1/22	Removal from Tier 4, no longer covered
BYSTOLIC (nebivolol hcl tab 5 mg (base equivalent))	Brand	4/1/22	Removal from Tier 4, no longer covered
BYSTOLIC (nebivolol hcl tab 10 mg (base equivalent))	Brand	4/1/22	Removal from Tier 4, no longer covered
BYSTOLIC (nebivolol hcl tab 20 mg (base equivalent))	Brand	4/1/22	Removal from Tier 4, no longer covered
calcipotriene oint 0.005%	Generic	4/1/22	Removal from Tier 2, no longer covered
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 10-100 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 25-100 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 25-250 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
carbonyl iron susp 15 mg/1.25ml (elemental iron)	Generic	1/1/22	Move from Tier 1 to Tier 2
clobetasol propionate lotion 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
clobetasol propionate shampoo 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
clotrimazole w/ betamethasone lotion 1-0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
desonide lotion 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
EPANED (enalapril maleate oral soln 1 mg/ml)	Brand	4/1/22	Removal from Tier 4, no longer covered
EPOGEN (epoetin alfa inj 2000 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
EPOGEN (epoetin alfa inj 3000 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
EPOGEN (epoetin alfa inj 4000 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
EPOGEN (epoetin alfa inj 10000 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
EPOGEN (epoetin alfa inj 20000 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
famciclovir tab 125 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
fluocinonide emulsified base cream 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
FLUTAMIDE (flutamide cap 125 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/22	Removal from Tier 3, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
GRANIX (tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml))	Brand	1/1/22	Removal from Tier 3, no longer covered
halobetasol propionate oint 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
haloperidol lactate oral conc 2 mg/ml	Generic	1/1/22	Move from Tier 1 to Tier 2
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 15 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 20 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 30 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 40 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 50 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Generic	1/1/22	Move from Tier 1 to Tier 2
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
hydrocodone-acetaminophen tab 5-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocodone-acetaminophen tab 7.5-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocodone-acetaminophen tab 10-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate cream 0.1%)	Brand	1/1/22	Removal from Tier 4, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Brand	1/1/22	Removal from Tier 4, no longer covered
hydrocortisone butyrate cream 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone butyrate oint 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone butyrate soln 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone valerate cream 0.2%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone valerate oint 0.2%	Generic	1/1/22	Removal from Tier 2, no longer covered
imiquimod cream 3.75%	Generic	4/1/22	Removal from Tier 2, no longer covered
INTELENCE (etravirine tab 100 mg)	Brand	4/1/22	Removal from Tier 3, no longer covered
INTELENCE (etravirine tab 200 mg)	Brand	4/1/22	Removal from Tier 3, no longer covered
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET (canagliflozin-metformin hcl tab 150-500 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET (canagliflozin-metformin hcl tab 50-1000 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET (canagliflozin-metformin hcl tab 150-1000 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET XR (canagliflozin-metformin hcl tab sr 24hr 50-500 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET XR (canagliflozin-metformin hcl tab sr 24hr 150-500 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET XR (canagliflozin-metformin hcl tab sr 24hr 50-1000 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKAMET XR (canagliflozin-metformin hcl tab sr 24hr 150-1000 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKANA (canagliflozin tab 100 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
INVOKANA (canagliflozin tab 300 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
isosorbide dinitrate tab 40 mg	Generic	4/1/22	Removal from Tier 2, no longer covered
IVERMECTIN (ivermectin lotion 0.5%)	Brand	1/1/22	Move from Tier 2 to Tier 4
KALETRA (lopinavir-ritonavir tab 100-25 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
KALETRA (lopinavir-ritonavir tab 200-50 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
LANTUS SOLOSTAR (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
LANTUS (insulin glargine-yfgn soln vial 100 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
LEVULAN KERASTICK (aminolevulinic acid hcl for soln 20% (stick applicator))	Brand	1/1/22	Removal from Tier 4, no longer covered
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Brand	4/1/22	Move from Tier 1 to Tier 4
MENOPUR (menotropins for subc inj 75 unit)	Brand	1/1/22	Move from Tier 3 to Tier 4 of the <i>optional Infertility component</i>
METHOXSALEN (methoxsalen rapid cap 10 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
METHYLDOPA (methyldopa tab 250 mg)	Brand	4/1/22	Move from Tier 1 to Tier 4
METHYLDOPA (methyldopa tab 500 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
MIACALCIN (calcitonin (salmon) inj 200 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
MITIGARE (colchicine cap 0.6 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
MYTESI (crofelemer tab delayed release 125 mg)	Brand	4/1/22	Removal from Tier 4, no longer covered

continued



TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
nabumetone tab 750 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
NEUPOGEN (filgrastim inj 300 mcg/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
NEUPOGEN (filgrastim inj 480 mcg/1.6ml (300 mcg/ml))	Brand	1/1/22	Removal from Tier 3, no longer covered
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml))	Brand	1/1/22	Removal from Tier 3, no longer covered
nifedipine tab er 24hr osmotic release 60 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
nifedipine tab sr 24hr osmotic release 60 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
nitroglycerin td patch 24hr 0.2 mg/hr	Generic	1/1/22	Move from Tier 1 to Tier 2
orphenadrine citrate tab er 12hr 100 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
orphenadrine citrate tab sr 12hr 100 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
PEG-PREP (bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit)	Brand	4/1/22	Move from Tier 2 to Tier 4
perindopril erbumine tab 2 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
perindopril erbumine tab 4 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
pimecrolimus cream 1%	Generic	4/1/22	Removal from Tier 2, no longer covered
PREPIDIL (dinoprostone cervical gel 0.5 mg/3gm)	Brand	1/1/22	Removal from Tier 4, no longer covered
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Brand	1/1/22	Removal from Tier 4, no longer covered
primidone tab 250 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
prochlorperazine maleate tab 10 mg (base equivalent)	Generic	1/1/22	Move from Tier 1 to Tier 2
PROCRIT (epoetin alfa inj 2000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROCRIT (epoetin alfa inj 3000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROCRIT (epoetin alfa inj 4000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROCRIT (epoetin alfa inj 10000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROCRIT (epoetin alfa inj 20000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROCRIT (epoetin alfa inj 40000 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
PROSTIN E2 (dinoprostone vaginal suppos 20 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
PULMONEB LT COMPRESSOR/NE BULIZER (*nebulizers***)	Brand	4/1/22	Removal from Tier 3, no longer covered
QTERN (dapagliflozin-saxagliptin tab 5-5 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
QTERN (dapagliflozin-saxagliptin tab 10-5 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
ribavirin for inhal soln 6 gm	Generic	1/1/22	Removal from Tier 2, no longer covered
sotalol hcl (afib/afi) tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
sotalol hcl tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
sotalol hcl tab 240 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
STAVUDINE (stavudine cap 15 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 20 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 30 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 40 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
SUTENT (sunitinib malate cap 12.5 mg (base equivalent))	Brand	4/1/22	Removal from Tier 3, no longer covered
SUTENT (sunitinib malate cap 25 mg (base equivalent))	Brand	4/1/22	Removal from Tier 3, no longer covered
SUTENT (sunitinib malate cap 37.5 mg (base equivalent))	Brand	4/1/22	Removal from Tier 3, no longer covered
SUTENT (sunitinib malate cap 50 mg (base equivalent))	Brand	4/1/22	Removal from Tier 3, no longer covered
telmisartan tab 80 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
tetracaine hcl ophth soln 0.5%	Generic	1/1/22	Move from Tier 1 to Tier 2
THIOLA (tiopronin tab 100 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
TRANDOLAPRIL/VERAPAMIL HC L ER (trandolapril-verapamil hcl tab er 2-180 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
TRANDOLAPRIL/VERAPAMIL HC L ER (trandolapril-verapamil hcl tab er 4-240 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Generic	1/1/22	Removal from Tier 2, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
valacyclovir hcl tab 1 gm	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan tab 320 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 160-12.5 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 320-12.5 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 160-25 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 320-25 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
zolpidem tartrate sl tab 1.75 mg	Generic	4/1/22	Removal from Tier 2, no longer covered
zolpidem tartrate sl tab 3.5 mg	Generic	4/1/22	Removal from Tier 2, 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
ACCRUFER (ferric maltol cap 30 mg (fe equiv))	Brand	1/1/22	Non-covered
ANTIVERT (meclizine hcl tab 50 mg)	Brand	7/11/21	Non-covered
APOGEE PLUS INTERMITTENT CATHETER KIT/14FR (*catheter kit***)	Brand	7/25/21	Non-covered
argatroban iv soln 50 mg/50ml (1 mg/ml)	Generic	7/4/21	Non-covered, generic for ARGATROBAN
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	Generic	8/15/21	Non-covered, generic for ATROPINE SULFATE
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	Generic	8/15/21	Non-covered, generic for ATROPINE SULFATE
AZSTARYS (serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg)	Brand	1/1/22	Non-covered
AZSTARYS (serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg)	Brand	1/1/22	Non-covered
AZSTARYS (serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg)	Brand	1/1/22	Non-covered
BACLOFEN (baclofen intrathecal soln prefilled syringe 50 mcg/ml)	Brand	8/29/21	Non-covered
BD HYDROPHILIC CATHETER/1 4FR/MALE/COATED (*catheters***)	Brand	7/18/21	Non-covered
BREXAFEMME (ibrexafungerp citrate tab 150 mg)	Brand	1/1/22	Non-covered
DAPTOMYCIN (daptomycin for iv soln 500 mg)	Brand	8/8/21	Non-covered
DERMACINRX PRETRATE (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Brand	8/1/21	Non-covered
dextroamphetamine sulfate tab 15 mg	Generic	8/22/21	Non-covered
dextroamphetamine sulfate tab 20 mg	Generic	8/22/21	Non-covered
dextroamphetamine sulfate tab 30 mg	Generic	8/22/21	Non-covered
DEXTROSE 30% (dextrose inj 30%)	Brand	9/12/21	Non-covered
difluprednate ophth emulsion 0.05%	Generic	9/19/21	Non-covered, generic for DUREZOL
DOXORUBICIN HYDROCHLORIDE (doxorubicin hcl for inj 10 mg)	Brand	6/27/21	Non-covered
EASY TALK PLUS II BLOOD G LUCOSE TEST STRIPS (glucose blood test strip)	Brand	9/12/21	Non-covered
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	8/8/21	Non-covered
ETHAMOLIN (ethanolamine oleate inj 5%)	Brand	9/19/21	Non-covered
EXEM (air polymer-type a intrauterine foam 10 ml)	Brand	9/5/21	Non-covered
EXSERVAN (riluzole oral film 50 mg)	Brand	1/1/22	Non-covered
ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)	Generic	8/1/21	Non-covered, generic for FERAHEME
formoterol fumarate soln nebu 20 mcg/2ml	Generic	6/27/21	Non-covered, generic for PERFOROMIST
FORTISCARE G1 BLOOD GLUCO SE TEST STRIP (glucose blood test strip)	Brand	7/18/21	Non-covered
GNP TRUE METRIX SELF MONI TORING BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	9/5/21	Non-covered
GNP TRUETRACK BLOOD GLUCO SE TEST STRIPS (glucose blood test strip)	Brand	9/12/21	Non-covered
INSULIN GLARGINE-YFGN (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	1/1/22	Non-covered
INSULIN GLARGINE-YFGN (insulin glargine-yfgn soln vial 100 unit/ml)	Brand	1/1/22	Non-covered
KERENDIA (finerenone tab 10 mg)	Brand	1/1/22	Non-covered
KERENDIA (finerenone tab 20 mg)	Brand	1/1/22	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 50 mg/50ml-sodium chloride 0.9% iv soln)	Brand	8/29/21	Non-covered
MIDAZOLAM/SODIUM CHLORIDE (midazolam 100 mg/100ml-sodium chloride 0.9% iv soln)	Brand	8/29/21	Non-covered
MULTRYs (trace min (cu-mn-se-zn) inj 60-3-6-1000 mcg/ml)	Brand	9/5/21	Non-covered
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	Brand	1/1/22	Non-covered
NEXTSTELLIS (drospirenone-estetrol tab 3-14.2 mg)	Brand	1/1/22	Non-covered
NEXVIAZYME (avalglucosidase alfa-ngpt for iv soln 100 mg)	Brand	8/15/21	Non-covered
NOREPINEPHRINE BITARTRATE /DEXTROSE (norepinephrine-dextrose iv solution 4 mg/250ml-5%)	Brand	8/8/21	Non-covered
NOREPINEPHRINE BITARTRATE /DEXTROSE (norepinephrine-dextrose iv solution 8 mg/250ml-5%)	Brand	8/8/21	Non-covered

continued



TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
OPDIVO (nivolumab iv soln 120 mg/12ml)	Brand	9/5/21	Non-covered
PARI PRONEB MAX LC PLUS (*nebulizers***)	Brand	8/15/21	Non-covered
PARI PRONEB MAX LC SPRINT (*nebulizers***)	Brand	8/15/21	Non-covered
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Generic	9/12/21	Non-covered, generic for PAXIL oral susp
PYLARIFY (piflufolastat f 18 iv solution prefilled syringe 9 mci)	Brand	7/4/21	Non-covered
RIGHTTEST GS333 BLOOD GLUC OSE TEST STRIPS (glucose blood test strip)	Brand	8/15/21	Non-covered
RYLAZE (asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml)	Brand	1/1/22	Non-covered
SAPHNELO (anifrolumab-fnia iv soln 300 mg/2ml)	Brand	8/8/21	Non-covered
SILATRIX (*sucralfate-malate gel 10%***)	Brand	9/5/21	Non-covered
sodium acetate inj 2 meq/ml	Generic	7/11/21	Non-covered, generic for SODIUM ACETATE
STERITALC (talc intrapleural powder 2 gm)	Brand	8/22/21	Non-covered
STERITALC (talc intrapleural powder 3 gm)	Brand	8/22/21	Non-covered
STERITALC (talc intrapleural powder 4 gm)	Brand	8/22/21	Non-covered
T.R.U.E. TEST (dermatitis antigens test)	Brand	7/18/21	Non-covered
THALITONE (chlorthalidone tab 15 mg)	Brand	9/19/21	Non-covered
UPTRAVI (selexipag for iv soln 1800 mcg)	Brand	8/22/21	Non-covered
URSODIOL (ursodiol cap 200 mg)	Brand	8/29/21	Non-covered
URSODIOL (ursodiol cap 400 mg)	Brand	8/29/21	Non-covered