Source Rx Formulary Updates

PRIME THERAPEUTICS®

April 2022

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit myprime.com for the most current and complete list.

Tier 1 = 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
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
atropine sulfate ophth soln 1%	Generic	12/5/21	Addition to Tier 2, generic for ATROPINE SULFATE
azathioprine tab 100 mg	Generic	10/17/21	Addition to Tier 2
azathioprine tab 100 mg	Generic	10/17/21	Move from Tier 4 to Tier 2
azathioprine tab 75 mg	Generic	10/17/21	Addition to Tier 2
azathioprine tab 75 mg	Generic	10/17/21	Move from Tier 4 to Tier 2
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	Brand	12/5/21	Addition to Tier 3
BYLVAY (odevixibat cap 400 mcg)	Brand	3/1/22	Addition to Tier 4
BYLVAY (odevixibat cap 1200 mcg)	Brand	3/1/22	Addition to Tier 4
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg)	Brand	3/1/22	Addition to Tier 4
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 600 mcg)	Brand	3/1/22	Addition to Tier 4
CARGLUMIC ACID (carglumic acid soluble tab 200 mg)	Brand	12/5/21	Addition to Tier 3, generic for CARBAGLU
DIFICID (fidaxomicin for susp 40 mg/ml)	Brand	4/1/22	Move from Tier 4 to Tier 3
DIFICID (fidaxomicin tab 200 mg)	Brand	4/1/22	Move from Tier 4 to Tier 3
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml)	Brand	1/1/22	Addition to Tier 3
everolimus tab 1 mg	Generic	11/28/21	Addition to Tier 2, generic for ZORTRESS
everolimus tab 10 mg	Generic	10/3/21	Addition to Tier 2, generic for AFINITOR
everolimus tab for oral susp 2 mg	Generic	10/10/21	Addition to Tier 2, generic for AFINITOR DISPERZ
everolimus tab for oral susp 3 mg	Generic	10/10/21	Addition to Tier 2, generic for AFINITOR DISPERZ
everolimus tab for oral susp 5 mg	Generic	10/10/21	Addition to Tier 2, generic for AFINITOR DISPERZ
EXKIVITY (mobocertinib succinate cap 40 mg)	Brand	4/1/22	Addition to Tier 4
fenofibrate micronized cap 67 mg	Generic	1/1/22	Move from Tier 2 to Tier 1
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2ml)	Brand	12/5/21	Addition to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
INSULIN GLARGINE (insulin glargine-yfgn inj 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
INSULIN GLARGINE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
LIVMARLI (maralixibat chloride oral soln 9.5 mg/ml)	Brand	4/1/22	Addition to Tier 4
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	Brand	4/1/22	Move from non-covered to Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml)	Brand	10/29/21	Addition to Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml)	Brand	10/29/21	Addition to Tier 3
propranolol hcl oral soln 20 mg/5ml	Generic	11/7/21	Move from Tier 3 to Tier 2
REZUROCK (belumosudil mesylate tab 200 mg)	Brand	3/1/22	Addition to Tier 4
SEMGLEE (insulin glargine-yfgn inj 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	1/1/22	Addition to Tier 3
WELIREG (belzutifan tab 40 mg)	Brand	4/1/22	Addition to Tier 4

Negative Changes

This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
AFINITOR (everolimus tab 10 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 3 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
AFINITOR DISPERZ (everolimus tab for oral susp 5 mg)	Brand	7/1/22	Removal from Tier 3, no longer covered
ALREX (loteprednol etabonate ophth susp 0.2%)	Brand	4/1/22	Move from Tier 3 to Tier 4
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Brand	7/1/22	Removal from Tier 4, no longer covered
BENAZEPRIL HCL/HYDROCHLOR OTHIAZIDE (benazepril & hydrochlorothiazide tab 5-6.25 mg)	Brand	4/1/22	Move from Tier 2 to Tier 4
BROVANA (arformoterol tartrate soln nebu 15 mcg/2ml (base equiv))	Brand	4/1/22	Removal from Tier 3, 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
CHANTIX (varenicline tartrate tab 0.5 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
CHANTIX (varenicline tartrate tab 1 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
CHANTIX CONTINUING MONTH PAK (varenicline tartrate tab 1 mg (base equiv))	Brand	7/1/22	Removal from Tier 3, no longer covered
EPANED (enalapril maleate oral soln 1 mg/ml)	Brand	4/1/22	Removal from Tier 4, no longer covered
FLUORIDEX SENSITIVITY REL IEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	7/1/22	Move from Tier 1 to Tier 4
FLUORIDEX SENSITIVITY REL IEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	7/1/22	Move from Tier 1 to Tier 4
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
isosorbide dinitrate tab 40 mg	Generic	4/1/22	Removal from Tier 2, no longer covered
LANTUS (insulin glargine inj 100 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
LANTUS SOLOSTAR (insulin glargine soln pen-injector 100 unit/ml)	Brand	1/1/22	Removal from Tier 3, no longer covered
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Brand	4/1/22	Move from Tier 1 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
MYTESI (crofelemer tab delayed release 125 mg)	Brand	4/1/22	Removal from Tier 4, no longer covered
NEVIRAPINE (nevirapine susp 50 mg/5ml)	Brand	7/1/22	Move from Tier 1 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 100 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 500 mcg/ml)	Brand	7/1/22	Move from Tier 2 to Tier 4
PEG-PREP (bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit)	Brand	4/1/22	Move from Tier 2 to Tier 4
PULMONEB LT COMPRESSOR/NE BULIZER (*nebulizers***)	Brand	4/1/22	Removal from Tier 3, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
SUMATRIPTAN SUCCINATE REF ILL (sumatriptan succinate solution cartridge 6 mg/0.5ml)	Brand	7/1/22	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
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 2-240 mg)	Brand	7/1/22	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
TRIMETHOPRIM (trimethoprim tab 100 mg)	Brand	7/1/22	Move from Tier 1 to Tier 4
valsartan tab 160 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
adapalene-benzoyl peroxide gel 0.3-2.5%	Generic	12/5/21	Non-covered, generic for EPIDUO FORTE
AMNIOCORE AMNIOTIC MEMBRA NE/2CM X 3CM (*amniotic membrane allograft (human) sheet 2 cm x 3 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/2CM X 12CM (*amniotic membrane allograft (human) sheet 2 cm x 12 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/3CM X 3CM (*amniotic membrane allograft (human) sheet 3 cm x 3 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/3CM X 4CM (*amniotic membrane allograft (human) sheet 4 cm x 3 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/4CM X 4CM (*amniotic membrane allograft (human) sheet 4 cm x 4 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/4CM X 6CM (*amniotic membrane allograft (human) sheet 4 cm x 6 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/4CM X 8CM (*amniotic membrane allograft (human) sheet 4 cm x 8 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/6CM X 6CM (*amniotic membrane allograft (human) sheet 6 cm x 6 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/6CM X 9CM (*amniotic membrane allograft (human) sheet 6 cm x 9 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/6CM X 16CM (*amniotic membrane allograft (human) sheet 6 cm x 16 cm***)	Brand	10/24/21	Non-covered
AMNIOCORE AMNIOTIC MEMBRA NE/9CM X 20CM (*amniotic membrane allograft (human) sheet 9 cm x 20 cm***)	Brand	10/24/21	Non-covered
ANTIVERT (meclizine hcl chew tab 25 mg)	Brand	10/31/21	Non-covered
CALCIUM GLUCONATE/SODIUM CHLORIDE (calcium gluconate-sodium chloride iv soln 1 gm/100ml-0.8%)	Brand	10/3/21	Non-covered
CANDIDA ALBICANS SKIN TES T ANTIGEN (candida albicans skin test antigen 1:10)	Brand	9/26/21	Non-covered
CYCLOPHOSPHAMIDE MONOHYDR ATE (cyclophosphamide iv soln 2 gm/10ml (200 mg/ml))	Brand	12/12/21	Non-covered
diclofenac potassium tab 25 mg	Generic	10/3/21	Non-covered
EPHEDRINE SULFATE (ephedrine sulfate iv soln 5 mg/ml)	Brand	10/3/21	Non-covered
EULEXIN (flutamide cap 125 mg)	Brand	12/5/21	Non-covered
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-5 mg)	Brand	10/10/21	Non-covered
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-10 mg)	Brand	10/10/21	Non-covered
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-20 mg)	Brand	10/10/21	Non-covered
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-40 mg)	Brand	10/10/21	Non-covered
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 30 mg)	Brand	10/31/21	Non-covered
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 90 mg)	Brand	10/31/21	Non-covered
FENTANYL CITRATE (fentanyl citrate soln prefilled syringe 100 mcg/2ml)	Brand	10/3/21	Non-covered
FLUCONAZOLE/SODIUM CHLORI DE (fluconazole in nacl 0.9% inj 100 mg/50ml)	Brand	9/26/21	Non-covered
FLUORIMAX 5000 SENSITIVE (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	12/5/21	Non-covered
FYARRO (sirolimus protein-bound particles for iv susp 100 mg)	Brand	11/28/21	Non-covered
GNP TRUETRACK SMART SYSTE M (glucose blood test strip)	Brand	10/25/21	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
HEPARIN LOCK FLUSH (heparin sodium (porcine) lock flush iv soln 1 unit/ml)	Brand	11/28/21	Non-covered
HEPMED (heparin 100 ut/ml flush & nacl 0.9% & lido-prilo 2.5-2.5% cr)	Brand	11/28/21	Non-covered
HYDROXYCHLOROQUINE SULFAT E (hydroxychloroquine sulfate tab 100 mg)	Brand	4/1/22	Non-covered
HYDROXYCHLOROQUINE SULFAT E (hydroxychloroquine sulfate tab 300 mg)	Brand	4/1/22	Non-covered
HYDROXYCHLOROQUINE SULFAT E (hydroxychloroquine sulfate tab 400 mg)	Brand	4/1/22	Non-covered
ibuprofen-famotidine tab 800-26.6 mg	Generic	4/1/22	Non-covered, generic for DUEXIS
INFLIXIMAB (infliximab for iv inj 100 mg)	Brand	11/21/21	Non-covered
INVEGA HAFYERA (paliperidone palmitate er susp pref syr 1,092 mg/3.5ml)	Brand	4/1/22	Non-covered
INVEGA HAFYERA (paliperidone palmitate er susp pref syr 1,560 mg/5ml)	Brand	4/1/22	Non-covered
LOREEV XR (lorazepam cap er 24hr sprinkle 1 mg)	Brand	4/1/22	Non-covered
LOREEV XR (lorazepam cap er 24hr sprinkle 2 mg)	Brand	4/1/22	Non-covered
LOREEV XR (lorazepam cap er 24hr sprinkle 3 mg)	Brand	4/1/22	Non-covered
LYBALVI (olanzapine-samidorphan l-malate tab 5-10 mg)	Brand	4/1/22	Non-covered
LYBALVI (olanzapine-samidorphan l-malate tab 10-10 mg)	Brand	4/1/22	Non-covered
LYBALVI (olanzapine-samidorphan l-malate tab 15-10 mg)	Brand	4/1/22	Non-covered
LYBALVI (olanzapine-samidorphan l-malate tab 20-10 mg)	Brand	4/1/22	Non-covered
MEDNEB COMPRESSOR NEBULIZ ER/DISPOSABLE NEB KIT (*nebulizers***)	Brand	9/26/21	Non-covered
MORPHINE SULFATE/SODIUM C HLORIDE (morphine sulfate iv soln pf 1 mg/ml)	Brand	11/28/21	Non-covered
nelarabine iv soln 5 mg/ml	Generic	11/28/21	Non-covered, generic for ARRANON
OPZELURA (ruxolitinib phosphate cream 1.5%)	Brand	4/1/22	Non-covered
OXYCODONE AND ACETAMINOPH EN (oxycodone w/ acetaminophen tab 7.5-300 mg)	Brand	12/5/21	Non-covered
POP-ON INTERMEDIATE MALE EXTERNAL CATHETER (*catheters***)	Brand	11/28/21	Non-covered
PROPEL MINI/STRAIGHT DELI VERY SYSTEM (mometasone furoate nasal implant 370 mcg)	Brand	12/12/21	Non-covered
QULIPTA (atogepant tab 10 mg)	Brand	4/1/22	Non-covered
QULIPTA (atogepant tab 30 mg)	Brand	4/1/22	Non-covered
QULIPTA (atogepant tab 60 mg)	Brand	4/1/22	Non-covered
RETHYMIC (allogeneic processed thymus tissue-agdc im implant)	Brand	10/31/21	Non-covered
RYPLAZIM (plasminogen, human-tvmh for iv soln 68.8 mg)	Brand	12/5/21	Non-covered
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)	Brand	4/1/22	Non-covered
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 200 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg)	Brand	4/1/22	Non-covered
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg)	Brand	4/1/22	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
STRATAGRAFT (allogen keratinocyt-fibroblast in murine collagen-dsat sheet)	Brand	10/31/21	Non-covered
SUSVIMO (ranibizumab intravitreal (implant 1st fill) inj 10 mg/0.1ml)	Brand	10/31/21	Non-covered
SUSVIMO (ranibizumab intravitreal (implant refill) inj 10 mg/0.1ml)	Brand	10/31/21	Non-covered
SUSVIMO OCULAR IMPLANT (*ocular implant - intravitreal reservoir**)	Brand	10/31/21	Non-covered
TECARTUS (brexucabtagene autoleucel iv susp 100,000,000 cells)	Brand	10/10/21	Non-covered
THALITONE (chlorthalidone tab 15 mg)	Brand	9/19/21	Non-covered
TICOVAC (tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml)	Brand	10/17/21	Non-covered
TIVDAK (tisotumab vedotin-tftv for iv solution 40 mg)	Brand	9/26/21	Non-covered
TRIFERIC AVNU (ferric pyrophosphate citrate iv soln 6.75 mg/4.5ml (fe eq))	Brand	10/31/21	Non-covered
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Brand	4/1/22	Non-covered
XIPERE (triamcinolone acetonide suprachoroidal inj 40 mg/ml)	Brand	11/28/21	Non-covered