NetResults Formulary Updates

PRIME THERAPEUTICS®

April 2023

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
benazepril & hydrochlorothiazide tab 5-6.25 mg	Generic	10/23/22	Move from Tier 4 to Tier 2
bisoprolol fumarate tab 5 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
CALQUENCE (acalabrutinib maleate tab 100 mg)	Brand	12/1/22	Addition to Tier 4
chloroquine phosphate tab 500 mg	Generic	11/20/22	Move from Tier 4 to Tier 2
chlorthalidone tab 50 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Brand	10/2/22	Addition to Tier 4
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	Generic	9/4/22	Addition to Tier 2, generic for PRADAXA
dexamethasone tab 2 mg	Generic	9/18/22	Move from Tier 3 to Tier 2
diclofenac sodium soln 2%	Generic	11/20/22	Addition to Tier 2 of *Outlier component,* generic for PENNSAID
doxycycline monohydrate tab 100 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
estradiol td gel 0.25 mg/0.25gm (0.1%)	Generic	10/9/22	Addition to Tier 2, generic for DIVIGEL
estradiol td gel 0.5 mg/0.5gm (0.1%)	Generic	10/9/22	Addition to Tier 2, generic for DIVIGEL
estradiol td gel 0.75 mg/0.75gm (0.1%)	Generic	10/9/22	Addition to Tier 2, generic for DIVIGEL
estradiol td gel 1 mg/gm (0.1%)	Generic	10/9/22	Addition to Tier 2, generic for DIVIGEL
estradiol td gel 1.25 mg/1.25gm (0.1%)	Generic	10/9/22	Addition to Tier 2, generic for DIVIGEL
ezetimibe tab 10 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
fingolimod hcl cap 0.5 mg (base equiv)	Generic	12/1/22	Addition to Tier 2, generic for GILENYA
FRAGMIN (dalteparin sodium inj 2500 unit/ml)	Brand	11/6/22	Addition to Tier 4
GENABIO COVID-19 RAPID SE LF TEST KIT 1-PACK (covid-19 at home antigen test kit)	Brand	8/28/22	Addition to Tier 4
GENABIO COVID-19 RAPID SE LF TEST KIT 2-PACK (covid-19 at home antigen test kit)	Brand	8/28/22	Addition to Tier 4
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Generic	1/1/23	Move from Tier 2 to Tier 1
HYFTOR (sirolimus gel 0.2%)	Brand	4/1/23	Addition to Tier 4
IMBRUVICA (ibrutinib oral susp 70 mg/ml)	Brand	1/1/23	Addition to Tier 3
lenalidomide caps 2.5 mg	Generic	9/11/22	Addition to Tier 2, generic for REVLIMID
lenalidomide cap 20 mg	Generic	9/11/22	Addition to Tier 2, generic for REVLIMID
MENVEO (meningococcal (a, c, y, and w-135) oligo conj vac im soln)	Brand	11/20/22	Addition to Tier 3
methylphenidate hcl cap er 24hr 10 mg (la)	Generic	12/1/22	Move from non-covered to Tier 2
MODERNA COVID-19 VACCINE/ BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml)	Brand	8/31/22	Addition to Tier 3
ORKAMBI (lumacaftor-ivacaftor granules packet 75-94 mg)	Brand	1/1/23	Addition to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y (covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2ml)	Brand	10/12/22	Addition to Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3ml)	Brand	8/31/22	Addition to Tier 3
PILOT COVID-19 AT-HOME TE ST (covid-19 at home antigen test kit)	Brand	8/21/22	Addition to Tier 4
PIRFENIDONE (pirfenidone tab 534 mg)	Brand	12/1/22	Addition to Tier 4
PRIORIX (measles-mumps-rubella virus vaccines for subcutaneous susp)	Brand	11/18/22	Addition to Tier 3
roflumilast tab 250 mcg	Generic	10/23/22	Addition to Tier 2, generic for DALIRESP
roflumilast tab 500 mcg	Generic	10/23/22	Addition to Tier 2, generic for DALIRESP
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Generic	9/11/22	Addition to Tier 2, generic for SUPREP
solifenacin succinate tab 5 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
tadalafil tab 2.5 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
tadalafil tab 5 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
tazarotene gel 0.05%	Generic	10/9/22	Addition to Tier 2, generic for TAZORAC
tazarotene gel 0.1%	Generic	10/9/22	Addition to Tier 2, generic for TAZORAC
theophylline elixir 80 mg/15ml	Generic	10/2/22	Move from Tier 4 to Tier 2
valsartan tab 160 mg	Generic	1/1/23	Move from Tier 2 to Tier 1
VASCEPA (icosapent ethyl cap 0.5 gm)	Brand	9/30/22	Move from Tier 3 to Tier 2
VTAMA (tapinarof cream 1%)	Brand	2/1/23	Move from non-covered 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
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Brand	4/1/23	Removal from Tier 4, no longer covered
alprazolam orally disintegrating tab 0.25 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
alprazolam orally disintegrating tab 0.5 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
alprazolam orally disintegrating tab 1 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
alprazolam orally disintegrating tab 2 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
DALIRESP (roflumilast tab 250 mcg)	Brand	4/1/23	Removal from Tier 4, no longer covered
DALIRESP (roflumilast tab 500 mcg)	Brand	4/1/23	Removal from Tier 4, no longer covered
dantrolene sodium cap 25 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
dantrolene sodium cap 50 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
dantrolene sodium cap 100 mg	Generic	4/1/23	Removal from Tier 2, no longer covered
diclofenac sodium soln 2%	Generic	1/1/23	Removal from *Outlier component,* no longer covered, generic for PENNSAID
diltiazem hcl coated beads cap er 24hr 240 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
GILENYA (fingolimod hcl cap 0.5 mg (base equiv))	Brand	4/1/23	Removal from Tier 3, no longer covered
haloperidol tab 2 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 15 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 20 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 30 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 40 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 50 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
hydrocodone-acetaminophen tab 10-325 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
hydroxyzine hcl syrup 10 mg/5ml	Generic	1/1/23	Move from Tier 1 to Tier 2
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg)	Brand	4/1/23	Move from Tier 1 to Tier 4
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 20 mg)	Brand	4/1/23	Move from Tier 1 to Tier 4
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	Brand	7/1/23	Move from Tier 1 to Tier 4
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	Brand	7/1/23	Move from Tier 2 to Tier 4
NP THYROID 60 (thyroid tab 60 mg (1 grain))	Brand	7/1/23	Move from Tier 2 to Tier 4
NP THYROID 90 (thyroid tab 90 mg (1 1/2 grain))	Brand	7/1/23	Move from Tier 2 to Tier 4
NP THYROID 120 (thyroid tab 120 mg (2 grain))	Brand	7/1/23	Move from Tier 2 to Tier 4
oxcarbazepine tab 150 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 7.5 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 10 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 20 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 30 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 40 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg)	Brand	4/1/23	Move from Tier 2 to Tier 4, authorized generic of NARDIL
PRADAXA (dabigatran etexilate mesylate cap 150 mg (etexilate base eq))	Brand	4/1/23	Removal from Tier 4, no longer covered
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5ml)	Brand	4/1/23	Removal from Tier 4, no longer covered
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 6 mg/0.5ml)	Brand	4/1/23	Removal from Tier 4, no longer covered
TRIMETHOPRIM (trimethoprim tab 100 mg)	Brand	4/1/23	Removal from Tier 4, no longer covered
valsartan-hydrochlorothiazide tab 80-12.5 mg	Generic	1/1/23	Move from Tier 1 to Tier 2
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg)	Brand	4/1/23	Move from Tier 2 to Tier 4
ZYCLARA PUMP (imiquimod cream 2.5%)	Brand	4/1/23	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
ACAM2000 (*smallpox vaccine for percutaneous inj**)	Brand	9/4/22	Non-covered
ALLOPURINOL (allopurinol tab 200 mg)	Brand	10/23/22	Non-covered
AMVUTTRA (vutrisiran sodium soln prefilled syringe 25 mg/0.5ml)	Brand	4/1/23	Non-covered
AQUACEL AG FOAM (*silver - pad 12.5 cm x 12.5 cm***)	Brand	10/23/22	Non-covered
AQUACEL AG FOAM (*silver - pad 17.5 cm x 17.5 cm***)	Brand	10/23/22	Non-covered
BASAGLAR TEMPO PEN (insulin glargine pen-inj with transmitter port 100 unit/ml)	Brand	11/20/22	Non-covered
BLUDIGO (indigotindisulfonate sodium iv soln 8 mg/ml)	Brand	9/18/22	Non-covered
BORTEZOMIB (bortezomib inj 3.5 mg/1.4ml)	Brand	9/11/22	Non-covered
CALCIUM GLUCONATE (calcium gluconate inj 10%)	Brand	11/13/22	Non-covered
cetrorelix acetate for inj kit 0.25 mg	Generic	10/23/22	Non-covered, generic for CETROTIDE
CIMERLI (ranibizumab-eqrn intravitreal inj 0.3 mg/0.05ml (6 mg/ml))	Brand	4/1/23	Non-covered
CIMERLI (ranibizumab-eqrn intravitreal inj 0.5 mg/0.05ml (10 mg/ml))	Brand	4/1/23	Non-covered
CLONIDINE ER (clonidine hcl tab er 24hr 0.17 mg (base equivalent))	Brand	9/25/22	Non-covered, authorized generic of NEXICLON XR
CNJ-016 (vaccinia immune globulin (human) iv soln 50,000 unit/20ml)	Brand	9/11/22	Non-covered
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1 gm/5ml (200 mg/ml))	Brand	11/13/22	Non-covered
CYCLOPHOSPHAMIDE MONOHYDR ATE (cyclophosphamide iv soln 2 gm/10ml (200 mg/ml))	Brand	11/13/22	Non-covered
DEXCOM G6 BASAL-IQ INSULI N PUMP T:SLIM X 2 (*insulin infusion pump - device***)	Brand	9/25/22	Non-covered
DEXCOM G6 CONTROL-IQ INSU LIN PUMP (*insulin infusion pump - device***)	Brand	9/25/22	Non-covered
DORYX MPC (doxycycline hyclate tab delayed release 60 mg)	Brand	8/28/22	Non-covered
ELAHERE (mirvetuximab soravtansine-gynx iv soln 100 mg/20ml)	Brand	11/20/22	Non-covered
ENTADFI (finasteride-tadalafil cap 5-5 mg)	Brand	4/1/23	Non-covered
ETHAMOLIN (ethanolamine oleate inj 5%)	Brand	9/15/22	Non-covered
GIAPREZA (angiotensin ii acetate iv soln 0.5 mg/ml (base equivalent))	Brand	11/20/22	Non-covered
icosapent ethyl cap 0.5 gm	Generic	9/30/22	Non-covered, generic for VASCEPA
IMJUDO (tremelimumab-actl soln for iv infusion 25 mg/1.25ml)	Brand	10/30/22	Non-covered
IMJUDO (tremelimumab-actl soln for iv infusion 300 mg/15ml)	Brand	10/30/22	Non-covered
INSULIN DEGLUDEC (insulin degludec inj 100 unit/ml)	Brand	4/1/23	Non-covered
INSULIN DEGLUDEC FLEXTOUCH (insulin degludec soln pen-injector 100 unit/ml)	Brand	4/1/23	Non-covered
INSULIN DEGLUDEC FLEXTOUCH (insulin degludec soln pen-injector 200 unit/ml)	Brand	4/1/23	Non-covered
KYZATREX (testosterone undecanoate cap 100 mg)	Brand	4/1/23	Non-covered
KYZATREX (testosterone undecanoate cap 150 mg)	Brand	4/1/23	Non-covered
KYZATREX (testosterone undecanoate cap 200 mg)	Brand	4/1/23	Non-covered
LEVOFLOXACIN (levofloxacin ophth soln 1.5%)	Brand	10/9/22	Non-covered
LEVOTHYROXINE SODIUM (levothyroxine sodium iv soln 100 mcg/ml)	Brand	11/13/22	Non-covered
METHOCARBAMOL (methocarbamol tab 1000 mg)	Brand	10/9/22	Non-covered
naproxen sodium tab er 24hr 750 mg (base equiv)	Generic	11/6/22	Non-covered, generic for NAPRELAN
OMNIPOD POD PALS (*insulin infusion disposable pump - accessories***)	Brand	9/4/22	Non-covered
PEDMARK (sodium thiosulfate iv soln 125 mg/ml (12.5%))	Brand	10/2/22	Non-covered
PEMETREXED (pemetrexed disodium iv soln 100 mg/4ml (base equiv))	Brand	11/20/22	Non-covered
PEMETREXED (pemetrexed disodium iv soln 500 mg/20ml (base equiv))	Brand	11/20/22	Non-covered
penciclovir cream 1%	Generic	11/20/22	Non-covered, generic for DENAVIR
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Brand	4/1/23	Non-covered
PIP BLOOD GLUCOSE TEST ST RIP (glucose blood test strip)	Brand	11/20/22	Non-covered
POTASSIUM CHLORIDE/DEXTROSE (potassium chloride 10 meq/l (0.075%) in dextrose 5% inj)	Brand	11/6/22	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
PRALATREXATE (pralatrexate iv inj 20 mg/ml)	Brand	11/20/22	Non-covered, authorized generic of FOLOTYN
PRALATREXATE (pralatrexate iv inj 40 mg/2ml)	Brand	11/20/22	Non-covered, authorized generic of FOLOTYN
PRECEDEX (dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml)	Brand	9/15/22	Non-covered
PROVOCHOLINE (*methacholine chloride inhalation soln kit***)	Brand	9/25/22	Non-covered
RYALTRIS (olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act)	Brand	4/1/23	Non-covered
SKYSONA (elivaldogene autotemcel iv susp)	Brand	9/25/22	Non-covered
SODIUM PHOSPHATE (sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na))	Brand	10/16/22	Non-covered
SODIUM PHOSPHATES (sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na))	Brand	9/11/22	Non-covered
SOTYKTU (deucravacitinib tab 6 mg)	Brand	4/1/23	Non-covered
SPEVIGO (spesolimab-sbzo iv soln 450 mg/7.5ml (60 mg/ml))	Brand	9/11/22	Non-covered
SUCCINYLCHOLINE CHLORIDE (succinylcholine cl inj sol pref syr 100 mg/5ml (20 mg/ml))	Brand	10/23/22	Non-covered
TADLIQ (tadalafil oral susp 20 mg/5ml (pah))	Brand	4/1/23	Non-covered
TERLIVAZ (terlipressin acetate for inj 0.85 mg (base equiv))	Brand	10/23/22	Non-covered
timolol maleate preservative free ophth soln 0.25%	Generic	9/18/22	Non-covered, generic for TIMOPTIC OCUDOSE
TRUE METRIX SELF MONITORI NG BLOOD GLUCOSE STRIPS (glucose blood test strip)	Brand	10/23/22	Non-covered
VENLAFAXINE BESYLATE ER (venlafaxine besylate tab er 24hr 112.5 mg)	Brand	4/1/23	Non-covered
VIVJOA (oteseconazole cap therapy pack 150 mg (12 weeks))	Brand	4/1/23	Non-covered
VUEWAY (gadopiclenol iv soln 0.5 mmol/ml)	Brand	10/23/22	Non-covered
XENPOZYME (olipudase alfa-rpcp for iv soln 20 mg)	Brand	9/11/22	Non-covered
XEROFORM OCCLUSIVE GAUZE STRIP 1"X8" (*bismuth tribromophenate-petrolatum dressing pads***)	Brand	8/22/22	Non-covered
XIPERE (triamcinolone acetonide suprachoroidal inj 40 mg/ml)	Brand	11/6/22	Non-covered
ZENIFIBER AG 2"X2" (*calcium alginate-silver pad 2" x 2"***)	Brand	11/13/22	Non-covered
ZENIFIBER AG 4"X5" (*calcium alginate-silver pad 4" x 5"***)	Brand	11/13/22	Non-covered
ZENIFIBER AG 6"X6" (*calcium alginate-silver pad 6" x 6"***)	Brand	11/13/22	Non-covered
ZENIFIBER AG 8"X8" (*calcium alginate-silver pad 8" x 8"***)	Brand	11/13/22	Non-covered
ZENIFOAM AG 2"X2" (*silver - pad 2"x2"***)	Brand	11/13/22	Non-covered
ZENIFOAM AG 4"X5" (*silver - pad 4"x5"***)	Brand	11/13/22	Non-covered
ZORYVE (roflumilast cream 0.3%)	Brand	4/1/23	Non-covered
ZYNTEGLO (betibeglogene autotemcel iv susp)	Brand	8/28/22	Non-covered

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