Source Rx Formulary Updates

PRIME THERAPEUTICS®

April 2024

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

Tier 1 = preferred generic
Tier 2 = non-preferred generic
Tier 3 = preferred brand
Tier 4 = non-preferred brand

Positive Changes
This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ALTUVIIIO (antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 750 unit)	Brand	11/5/23	Addition to Tier 3
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Brand	12/1/23	Addition to Tier 3
CIBINQO (abrocitinib tab 50 mg)	Brand	4/1/24	Move from non-covered to Tier 3
CIBINQO (abrocitinib tab 100 mg)	Brand	4/1/24	Move from non-covered to Tier 3
CIBINQO (abrocitinib tab 200 mg)	Brand	4/1/24	Move from non-covered to Tier 3
clozapine orally disintegrating tab 150 mg	Generic	8/20/23	Move from Tier 4 to Tier 2
clozapine orally disintegrating tab 200 mg	Generic	8/20/23	Move from Tier 4 to Tier 2
COMIRNATY 2023-24 (covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	9/12/23	Addition to Tier 3
COMIRNATY 2023-24 (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml)	Brand	9/12/23	Addition to Tier 3
CRESEMBA (isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg))	Brand	9/17/23	Addition to Tier 4
dexamethasone tab 0.5 mg	Generic	11/5/23	Move from Tier 4 to Tier 1
dexamethasone tab 0.75 mg	Generic	11/5/23	Move from Tier 4 to Tier 1
dexamethasone tab 1 mg	Generic	11/5/23	Move from Tier 3 to Tier 2
diazepam rectal gel delivery system 10 mg	Generic	10/29/23	Move from Tier 4 to Tier 2, generic for DIASTAT ACUDIAL
diazepam rectal gel delivery system 20 mg	Generic	10/29/23	Move from Tier 4 to Tier 2, generic for DIASTAT ACUDIAL
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 15 mg)	Brand	9/24/23	Addition to Tier 4
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 30 mg)	Brand	9/24/23	Addition to Tier 4
GLIPIZIDE (glipizide tab 2.5 mg)	Brand	10/22/23	Addition to Tier 4
INSULIN GLARGINE-YFGN (insulin glargine-yfgn inj 100 unit/ml)	Brand	10/22/23	Addition to Tier 3
KALYDECO (ivacaftor packet 5.8 mg)	Brand	4/1/24	Addition to Tier 3
LAGEVRIO (molnupiravir cap 200 mg)	Brand	11/5/23	Addition to Tier 4
LITHIUM (lithium oral solution 8 meq/5ml)	Brand	9/17/23	Addition to Tier 3
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm)	Brand	4/1/24	Move from non-covered to Tier 4
LUMRYZ (sodium oxybate pack for oral er susp 6 gm)	Brand	4/1/24	Move from non-covered to Tier 4
LUMRYZ (sodium oxybate pack for oral er susp 7.5 gm)	Brand	4/1/24	Move from non-covered to Tier 4
LUMRYZ (sodium oxybate pack for oral er susp 9 gm)	Brand	4/1/24	Move from non-covered to Tier 4
MODERNA COVID-19 VACCINE /6MO-11Y/2023-24 (covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml)	Brand	9/12/23	Addition to Tier 3
nortriptyline hcl soln 10 mg/5ml	Generic	10/29/23	Move from Tier 4 to Tier 2
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml)	Brand	10/3/23	Addition to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
OMNITROPE (somatropin for inj 5.8 mg)	Brand	4/1/24	Move from non-covered to Tier 3
OMNITROPE (somatropin solution cartridge 5 mg/1.5ml)	Brand	4/1/24	Move from non-covered to Tier 3
OMNITROPE (somatropin solution cartridge 10 mg/1.5ml)	Brand	4/1/24	Move from non-covered to Tier 3
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv))	Brand	4/1/24	Addition to Tier 3
ORLADEYO (berotralstat hcl cap 110 mg)	Brand	4/1/24	Move from non-covered to Tier 4
ORLADEYO (berotralstat hcl cap 150 mg)	Brand	4/1/24	Move from non-covered to Tier 4
oxybutynin chloride solution 5 mg/5ml	Generic	9/25/23	Move from non-covered to Tier 1
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	10/22/23	Addition to Tier 3
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	10/22/23	Addition to Tier 3
pazopanib hcl tab 200 mg (base equiv)	Generic	10/22/23	Addition to Tier 2, generic for VOTRIENT
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y/2023-24 (covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)	Brand	9/12/23	Addition to Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y/2023-24 (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	Brand	9/12/23	Addition to Tier 3
phenytoin sodium extended cap 200 mg	Generic	10/8/23	Move from Tier 4 to Tier 2
phenytoin sodium extended cap 300 mg	Generic	10/1/23	Move from Tier 4 to Tier 2
sevelamer hcl tab 400 mg	Generic	11/5/23	Move from Tier 4 to Tier 2
SOHONOS (abobotulinumtoxina for im inj 500 unit)	Brand	4/1/24	Addition to Tier 4
SOHONOS (palovarotene cap 1 mg)	Brand	4/1/24	Addition to Tier 4
SOHONOS (palovarotene cap 1.5 mg)	Brand	4/1/24	Addition to Tier 4
SOHONOS (palovarotene cap 2.5 mg)	Brand	4/1/24	Addition to Tier 4
SOHONOS (palovarotene cap 10 mg)	Brand	4/1/24	Addition to Tier 4
SPIKEVAX COVID-19 VACCINE /2023-24 (covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml)	Brand	9/12/23	Addition to Tier 3
SPIKEVAX COVID-19 VACCINE /2023-24 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	Brand	9/12/23	Addition to Tier 3
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Brand	10/15/23	Move from Tier 3 to Tier 2
SYMBICORT (budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act)	Brand	10/15/23	Move from Tier 3 to Tier 2
SYMBICORT (budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act)	Brand	10/15/23	Move from Tier 3 to Tier 2
TIBSOVO (ivosidenib tab 250 mg)	Brand	4/1/24	Move from Tier 4 to Tier 3
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	Generic	4/1/24	Move from non-covered to Tier 2
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg)	Brand	3/1/24	Addition to Tier 4
VANFLYTA (quizartinib dihydrochloride tab 26.5 mg)	Brand	3/1/24	Addition to Tier 4
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Generic	9/3/23	Move from Tier 3 to Tier 2

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
CROTAN (crotamiton lotion 10%)	Brand	4/1/24	Removal from Tier 4, no longer coverd
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg)	Brand	4/1/24	Removal from Tier 3, no longer covered
DIASTAT ACUDIAL (diazepam rectal gel delivery system 20 mg)	Brand	4/1/24	Removal from Tier 3, no longer covered
FLURAZEPAM HCL (flurazepam hcl cap 15 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
FLURAZEPAM HCL (flurazepam hcl cap 30 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 15 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 30 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
HYDROCODONE POLISTIREX/CH LORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polst er susp 10-8 mg/5ml)	Brand	4/1/24	Move from Tier 2 to Tier 4
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	4/1/24	Removal from Tier 3, no longer covered
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	4/1/24	Removal from Tier 3, no longer covered
MELPHALAN (melphalan tab 2 mg)	Brand	4/1/24	Move from Tier 2 to Tier 4
MIGLITOL (miglitol tab 25 mg)	Brand	4/1/24	Move from Tier 2 to Tier 4
MIGLITOL (miglitol tab 50 mg)	Brand	4/1/24	Move from Tier 2 to Tier 4
MIGLITOL (miglitol tab 100 mg)	Brand	4/1/24	Move from Tier 2 to Tier 4
MODERNA COVID-19 VACCINE/ BIVALENT/6MO-5Y (covid-19 mrna bival vacc 6mo-5y-moderna im susp 10 mcg/0.2ml)	Brand	9/12/23	Removal from Tier 3
MODERNA COVID-19 VACCINE/ BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5ml)	Brand	9/12/23	Removal from Tier 3
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
NORDITROPIN FLEXPRO (somatropin solution pen-injector 10 mg/1.5ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
NORDITROPIN FLEXPRO (somatropin solution pen-injector 15 mg/1.5ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
NORDITROPIN FLEXPRO (somatropin solution pen-injector 30 mg/3ml)	Brand	4/1/24	Removal from Tier 3, no longer covered
NOVAVAX COVID-19 VACCINE (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml)	Brand	10/4/23	Removal from Tier 3
OXANDROLONE (oxandrolone tab 2.5 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
OXANDROLONE (oxandrolone tab 10 mg)	Brand	4/1/24	Removal from Tier 4, no longer coverd
oxandrolone tab 2.5 mg	Generic	4/1/24	Removal from Tier 2, no longer coverd
oxandrolone tab 10 mg	Generic	4/1/24	Removal from Tier 2, no longer coverd
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/6M-4Y (covid-19 mrna bival vacc 6mo-4yr-pfizer im susp 3 mcg/0.2ml)	Brand	9/12/23	Removal from Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y (covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2ml)	Brand	9/12/23	Removal from 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	9/12/23	Removal from Tier 3
RHOFADE (oxymetazoline hcl cream 1%)	Brand	4/1/24	Removal from Tier 4, no longer coverd
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000))	Brand	4/1/24	Removal from Tier 3, no longer covered
SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000))	Brand	4/1/24	Removal from Tier 3, no longer covered
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Brand	4/1/24	Removal from Tier 3, no longer covered
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml)	Brand	4/1/24	Removal from Tier 3, no longer covered

New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ABRILADA (adalimumab-afzb auto-injector kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ABRILADA (adalimumab-afzb prefilled syringe kit 20 mg/0.4ml)	Brand	1/1/24	Non-covered
ABRILADA (adalimumab-afzb prefilled syringe kit 40 mg/0.8ml)	Brand	1/1/24	Non-covered
ACCU-CHEK GUIDE TEST STRI PS (glucose blood test strip)	Brand	9/17/23	Non-covered
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	4/1/24	Non-covered
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 10 mg/0.2ml)	Brand	4/1/24	Non-covered
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 20 mg/0.4ml)	Brand	4/1/24	Non-covered
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.8ml)	Brand	4/1/24	Non-covered
ADALIMUMAB-ADBM CROHNS/UC /HS STARTER (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	4/1/24	Non-covered
ADALIMUMAB-ADBM PSORIASIS /UVEITIS STARTER (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	Brand	4/1/24	Non-covered
ADSTILADRIN (nadofaragene firadenov-vncg intraves susp 300000000000 vp/ml)	Brand	4/1/24	Non-covered
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Brand	4/1/24	Non-covered
AMCINONIDE (amcinonide oint 0.1%)	Brand	9/24/23	Non-covered
AMERICAN BEECH POLLEN (american beech (fagus grandifolia) inj 1:20)	Brand	9/17/23	Non-covered
amoxapine tab 25 mg	Generic	9/24/23	Non-covered
amoxapine tab 50 mg	Generic	9/24/23	Non-covered
amoxapine tab 100 mg	Generic	9/24/23	Non-covered
amoxapine tab 150 mg	Generic	9/24/23	Non-covered
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	Generic	10/15/23	Non-covered, generic for MYDAYIS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	Generic	10/15/23	Non-covered, generic for MYDAYIS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	Generic	10/15/23	Non-covered, generic for MYDAYIS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	Generic	10/15/23	Non-covered, generic for MYDAYIS
APHEXDA (motixafortide acetate for subcutaneous inj 62 mg)	Brand	4/1/24	Non-covered
ARTISS (*fibrin sealant component kit 2 ml***)	Brand	11/5/23	Non-covered
ARTISS (*fibrin sealant component kit 4 ml***)	Brand	11/5/23	Non-covered
ARTISS (*fibrin sealant component kit 10 ml***)	Brand	11/5/23	Non-covered
ASPEN POLLEN EXTRACT (aspen pollen (populus tremuloides) inj 1:20)	Brand	9/17/23	Non-covered
BACLOFEN (baclofen oral soln 5 mg/5ml)	Brand	10/22/23	Non-covered
BALFAXAR (prothrombin complex concentrate human-lans for inj 500 unit)	Brand	9/3/23	Non-covered
BALFAXAR (prothrombin complex concentrate human-lans for inj 1000 unit)	Brand	9/3/23	Non-covered
BEYFORTUS (nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml)	Brand	4/1/24	Non-covered
BEYFORTUS (nirsevimab-alip im soln prefilled syringe 100 mg/ml)	Brand	4/1/24	Non-covered
BLACK/SWEET BIRCH POLLEN EXTRACT (black/sweet birch pollen (betula lenta) inj 1:20)	Brand	9/17/23	Non-covered
BRENZAVVY (bexagliflozin tab 20 mg)	Brand	4/1/24	Non-covered
brimonidine tartrate ophth soln 0.1%	Generic	9/10/23	Non-covered, generic for ALPHAGAN P
BRIXADI (buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine ext rel soln pref syr (weekly) 16 mg/0.32ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine ext rel soln pref syr (weekly) 24 mg/0.48ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine ext rel soln pref syr (weekly) 32 mg/0.64ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine extended release soln pref syr 64 mg/0.18ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine extended release soln pref syr 96 mg/0.27ml)	Brand	4/1/24	Non-covered
BRIXADI (buprenorphine extended release soln pref syr 128 mg/0.36ml)	Brand	4/1/24	Non-covered
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Generic	10/15/23	Non-covered, generic for SYMBICORT
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Generic	10/15/23	Non-covered, generic for SYMBICORT
calcium gluconate-nacl iv soln 1 gm/50ml-0.675% (20 mg/ml)	Generic	9/24/23	Non-covered
calcium gluconate-nacl iv soln 2 gm/100ml-0.675% (20 mg/ml)	Generic	9/24/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
CARBOPROST TROMETHAMINE (carboprost tromethamine im soln pref syr 250 mcg/ml)	Brand	10/8/23	Non-covered
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Generic	10/1/23	Non-covered, generic for ONEXTON
COSENTYX (secukinumab iv soln 125 mg/5ml)	Brand	10/15/23	Non-covered
DAPTOMYCIN/SODIUM CHLORID E (daptomycin-nacl iv solution 350 mg/50ml-0.9%)	Brand	8/27/23	Non-covered
DAPTOMYCIN/SODIUM CHLORID E (daptomycin-nacl iv solution 500 mg/50ml-0.9%)	Brand	8/27/23	Non-covered
DAPTOMYCIN/SODIUM CHLORID E (daptomycin-nacl iv solution 700 mg/100ml-0.9%)	Brand	10/1/23	Non-covered
DAPTOMYCIN/SODIUM CHLORID E (daptomycin-nacl iv solution 1000 mg/100ml-0.9%)	Brand	10/1/23	Non-covered
DAXXIFY (daxibotulinumtoxina-lanm (glabellar lines) for inj 100 unit)	Brand	9/10/23	Non-covered
DENGVAXIA (dengue virus vaccine live tetravalent for subcutaneous susp)	Brand	10/1/23	Non-covered
ELREXFIO (elranatamab-bcmm subcutaneous soln 44 mg/1.1ml)	Brand	4/1/24	Non-covered
ELREXFIO (elranatamab-bcmm subcutaneous soln 76 mg/1.9ml)	Brand	4/1/24	Non-covered
EMBRACE WAVE BLOOD GLUCOS E TEST STRIPS (glucose blood test strip)	Brand	10/8/23	Non-covered
EYLEA HD (aflibercept intravitreal inj 8 mg/0.07ml (114.3 mg/ml))	Brand	4/1/24	Non-covered
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Brand	10/15/23	Non-covered
FIASP PUMPCART (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Brand	4/1/24	Non-covered
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	10/1/23	Non-covered
GREEN ASH POLLEN EXTRACT (green ash pollen (fraxinus pennsylvanica) inj 1:20)	Brand	9/17/23	Non-covered
HYRIMOZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	4/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln auto-injector 40 mg/0.8ml)	Brand	4/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)	Brand	4/1/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 40 mg/0.8ml)	Brand	4/1/24	Non-covered
iopamidol inj 41%	Generic	9/3/23	Non-covered, generic for ISOVUE-M 200
iopamidol inj 61%	Generic	9/3/23	Non-covered, generic for ISOVUE-M 300
IYUZEH (latanoprost (pf) ophth soln 0.005%)	Brand	4/1/24	Non-covered
IZERVAY (avacincaptad pegol intravitreal soln 2 mg/0.1ml (20 mg/ml))	Brand	8/27/23	Non-covered
KEPIVANCE (palifermin for iv inj 5.16 mg)	Brand	10/8/23	Non-covered
LANTIDRA (donislecel-jujn iv susp)	Brand	9/17/23	Non-covered
levocarnitine inj 200 mg/ml	Generic	9/17/23	Non-covered
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Generic	8/20/23	Non-covered, generic for BALCOLTRA
lisdexamfetamine dimesylate cap 10 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 20 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 30 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 40 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 50 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 60 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate cap 70 mg	Generic	8/27/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 10 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 20 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 30 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 40 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 50 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
lisdexamfetamine dimesylate chew tab 60 mg	Generic	9/3/23	Non-covered, generic for VYVANSE
LITFULO (ritlecitinib tosylate cap 50 mg (base equiv))	Brand	4/1/24	Non-covered
LODOCO (colchicine (cardiovascular) tab 0.5 mg)	Brand	4/1/24	Non-covered
MIEBO (perfluorohexyloctane ophth soln 1.338 gm/ml)	Brand	4/1/24	Non-covered
MYRBETRIQ (mirabegron tab er 24 hr 50 mg)	Brand	8/27/23	Non-covered
NGENLA (somatrogon-ghla solution pen-injector 24 mg/1.2ml (20 mg/ml))	Brand	4/1/24	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
NGENLA (somatrogon-ghla solution pen-injector 60 mg/1.2ml (50 mg/ml))	Brand	4/1/24	Non-covered
NITROFURANTOIN (nitrofurantoin susp 50 mg/5ml)	Brand	9/3/23	Non-covered
OAT ALLERGENIC EXTRACT (oat (avena sativa) (diagnostic) inj 1:20)	Brand	8/27/23	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 2 gm therapy pack)	Brand	4/1/24	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 3 gm therapy pack)	Brand	4/1/24	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 4 gm therapy pack)	Brand	4/1/24	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 5 gm therapy pack)	Brand	4/1/24	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 6 gm therapy pack)	Brand	4/1/24	Non-covered
OLPRUVA (sodium phenylbutyrate packet for susp 6.67 gm therapy pack)	Brand	4/1/24	Non-covered
OMEZA COLLAGEN MATRIX (collagen matrix (piscine) liquid 1.6 gm/2ml)	Brand	8/20/23	Non-covered
OMNIPOD GO 10 UNITS/DAY (*insulin infusion disposable pump kit 10 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 15 UNITS/DAY (*insulin infusion disposable pump kit 15 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 20 UNITS/DAY (*insulin infusion disposable pump kit 20 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 25 UNITS/DAY (*insulin infusion disposable pump kit 25 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 30 UNITS/DAY (*insulin infusion disposable pump kit 30 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 35 UNITS/DAY (*insulin infusion disposable pump kit 35 unit/24hr***)	Brand	4/1/24	Non-covered
OMNIPOD GO 40 UNITS/DAY (*insulin infusion disposable pump kit 40 unit/24hr***)	Brand	4/1/24	Non-covered
OMVOH (mirikizumab-mrkz iv soln 300 mg/15ml (20 mg/ml))	Brand	11/5/23	Non-covered
OREGON ASH POLLEN EXTRACT (oregon ash pollen (fraxinus latifolia) inj 1:20)	Brand	9/17/23	Non-covered
PERTZYE (pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit)	Brand	10/8/23	Non-covered
PERTZYE (pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit)	Brand	10/8/23	Non-covered
pitavastatin calcium tab 1 mg	Generic	11/5/23	Non-covered, generic for LIVALO
pitavastatin calcium tab 2 mg	Generic	11/5/23	Non-covered, generic for LIVALO
pitavastatin calcium tab 4 mg	Generic	11/5/23	Non-covered, generic for LIVALO
POKONZA (potassium chloride powder packet 10 meq)	Brand	10/1/23	Non-covered
POMBILITI (cipaglucosidase alfa-atga for iv soln 105 mg)	Brand	10/8/23	Non-covered
PONS MOUTHPIECE (*nerve stimulator device supplies***)	Brand	10/1/23	Non-covered
PONS SYSTEM (*nerve stimulator devices***)	Brand	10/1/23	Non-covered
potassium chloride microencapsulated crys er tab 20 meq	Generic	8/27/23	Non-covered
potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)	Generic	10/22/23	Non-covered
potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)	Generic	10/22/23	Non-covered
PULMICORT FLEXHALER (budesonide inhal aero powd 90 mcg/act (breath activated))	Brand	11/5/23	Non-covered
PULMICORT FLEXHALER (budesonide inhal aero powd 180 mcg/act (breath activated))	Brand	11/5/23	Non-covered
RIVER BIRCH POLLEN EXTRAC T (river birch pollen (betula nigra) inj 1:20)	Brand	9/17/23	Non-covered
RYKINDO (risperidone for im extended release suspension 25 mg)	Brand	4/1/24	Non-covered
RYKINDO (risperidone for im extended release suspension 37.5 mg)	Brand	4/1/24	Non-covered
RYKINDO (risperidone for im extended release suspension 50 mg)	Brand	4/1/24	Non-covered
RYSTIGGO (rozanolixizumab-noli subcutaneous soln 280 mg/2ml)	Brand	4/1/24	Non-covered
SKINEEZ TED ANTI-EMBOLISM STOCKINGS/THIGH LENGTH/UNISEX-MED (*elastic bandage & supports**)	Brand	10/8/23	Non-covered
sodium citrate & citric acid soln 500-334 mg/5ml	Generic	8/20/23	Non-covered
SODIUM OXYBATE (sodium oxybate oral solution 500 mg/ml)	Brand	4/1/24	Non-covered
spironolactone susp 25 mg/5ml	Generic	10/29/23	Non-covered, generic for CAROSPIR
SPRING BIRCH POLLEN EXTRA XT (red birch (betula occidentalis) inj 1:20)	Brand	9/17/23	Non-covered
SPY-MIS KIT (indocyanine green for inj soln 25 mg)	Brand	9/17/23	Non-covered
SPY-PHI KIT (indocyanine green for inj soln 25 mg)	Brand	8/20/23	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
STANDARDIZED GRASS POLLEN PERENNIAL RYE (perennial rye grass pollen standard inj soln 10000 bau/ml)	Brand	8/27/23	Non-covered
STANDARDIZED PERENNIAL RY E GRASS POLLEN EXTRACT (perennial rye grass pollen standard inj soln 100000 bau/ml)	Brand	8/27/23	Non-covered
SUFLAVE (peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm)	Brand	4/1/24	Non-covered
TALVEY (talquetamab-tgvs subcutaneous soln 3 mg/1.5ml (2 mg/ml))	Brand	4/1/24	Non-covered
TALVEY (talquetamab-tgvs subcutaneous soln 40 mg/ml)	Brand	4/1/24	Non-covered
TAUVID (flortaucipir f 18 iv soln 300-3700 mbq/ml (8.1-100 mci/ml))	Brand	10/8/23	Non-covered
THEOPHYLLINE ER (theophylline tab er 12hr 100 mg)	Brand	8/27/23	Non-covered
THEOPHYLLINE ER (theophylline tab er 12hr 200 mg)	Brand	8/27/23	Non-covered
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	Generic	10/15/23	Non-covered, generic for SPIRIVA HANDIHALER
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%	Generic	10/29/23	Non-covered, generic for TRANEXAMIC ACID
tretinoin microsphere gel 0.08%	Generic	9/3/23	Non-covered, generic for RETIN-A MICRO
TRIENTINE HYDROCHLORIDE (trientine hcl cap 500 mg)	Brand	10/8/23	Non-covered
VANISH (sodium fluoride liquid er 5%)	Brand	10/29/23	Non-covered
VEOPOZ (pozelimab-bbfg inj soln 400 mg/2ml)	Brand	4/1/24	Non-covered
VITAMEDMD ONE RX/QUATREFO LIC (*prenat w/o a w/fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg**)	Brand	10/8/23	Non-covered
VYVGART HYTRULO (efgartigimod alf-hyaluronidase-qvfc sol 180-2000 mg-unit/ml)	Brand	4/1/24	Non-covered
WAX MYRTLE POLLEN EXTRACT (bayberry (wax myrtle) inj 1:20)	Brand	9/17/23	Non-covered
WHITE ASH POLLEN EXTRACT (white ash (fraxinus americana) inj soln 1:20)	Brand	9/17/23	Non-covered
WHITE BIRCH POLLEN EXTRAC T (white birch (betula populifolia) inj soln 1:20)	Brand	9/17/23	Non-covered
XDEMVY (lotilaner ophth soln 0.25%)	Brand	4/1/24	Non-covered
YCANTH (cantharidin soln 0.7%)	Brand	4/1/24	Non-covered