

NetResults Select (A-Series) Formulary Updates



April 2025

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
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Brand	2/1/25	Move from non-covered to Tier 3
APRETUDE (cabotegravir im extended release susp 600 mg/3ml)	Brand	2/1/25	Move from non-covered to Tier 3
AUGTYRO (repotrectinib cap 160 mg)	Brand	11/10/24	Addition to Tier 4
avanafil tab 50 mg	Generic	10/25/24	Addition to Tier 2 of <i>Sexual Dysfunction component</i> , generic for STENDRA
avanafil tab 100 mg	Generic	10/25/24	Addition to Tier 2 of <i>Sexual Dysfunction component</i> , generic for STENDRA
avanafil tab 200 mg	Generic	10/25/24	Addition to Tier 2 of <i>Sexual Dysfunction component</i> , generic for STENDRA
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	Brand	10/27/24	Addition to Tier 4
COMIRNATY 2024-25 (covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	8/25/24	Addition to Tier 3
dasatinib tab 20 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
dasatinib tab 50 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
dasatinib tab 70 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
dasatinib tab 80 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
dasatinib tab 100 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
dasatinib tab 140 mg	Generic	9/29/24	Addition to Tier 2, generic for SPRYCEL
DENTA 5000 PLUS SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from non-covered to Tier 3
DUVYZAT (givinostat hcl oral susp 8.86 mg/ml)	Brand	2/1/25	Addition to Tier 4
ERYTHROMYCIN DR (erythromycin w/ delayed release particles cap 250 mg)	Brand	4/1/25	Addition to Tier 4
FLUORIDEX SENSITIVITY REL IEF (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from Tier 4 to Tier 3
FLUORIDEX SENSITIVITY REL IEF/SLS FREE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from Tier 4 to Tier 3
FLUORIMAX 5000 SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from non-covered to Tier 3
fluoxetine hcl tab 10 mg	Generic	4/1/25	Move from non-covered to Tier 1
fluoxetine hcl tab 20 mg	Generic	4/1/25	Move from non-covered to Tier 2
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen soln 10-325 mg/15ml)	Brand	9/15/24	Addition to Tier 4
hydrocortisone w/ acetic acid otic soln 1-2%	Generic	9/8/24	Move from non-covered to Tier 2
ILET INSULIN INFUSION KIT - CONTACT DETACH 23" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ILET INSULIN INFUSION KIT - INSET 23" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
ILET INSULIN INFUSION KIT - INSET 32" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
ILET INSULIN PUMP (*insulin infusion pump - device***)	Brand	4/1/25	Move from non-covered to Tier 3
ILET STARTER KIT - CONTAC T DETACH 23" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
ILET STARTER KIT - INSET 23" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
ILET STARTER KIT - INSET 32" 6MM (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
IQIRVO (elafibranor tab 80 mg)	Brand	2/1/25	Addition to Tier 4
isoniazid tab 100 mg	Generic	11/10/24	Move from Tier 4 to Tier 2
LAGEVRIO (molnupiravir cap 200 mg)	Brand	1/1/25	Move from Tier 4 to Tier 3
LAZCLUZE (lazertinib mesylate tab 80 mg)	Brand	4/1/25	Addition to Tier 4
LAZCLUZE (lazertinib mesylate tab 240 mg)	Brand	4/1/25	Addition to Tier 4
LITFULO (ritlicitinib tosylate cap 50 mg (base equiv))	Brand	4/1/25	Move from non-covered to Tier 4
LIVMARLI (maralixibat chloride oral soln 19 mg/ml)	Brand	4/1/25	Addition to Tier 4
lofedidine hcl tab 0.18 mg (base equivalent)	Generic	9/1/24	Addition to Tier 2, generic for LUCEMYRA
LUMAKRAS (sotorasib tab 240 mg)	Brand	11/10/24	Addition to Tier 4
LUMRYZ STARTER PACK (sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak)	Brand	10/6/24	Addition to Tier 4
mesalamine tab delayed release 800 mg	Generic	9/1/24	Move from Tier 4 to Tier 2
MODERNA COVID-19 VACCINE /6MO-11Y/2024-25 (covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)	Brand	8/25/24	Addition to Tier 3
NOVAVAX COVID-19 VACCINE/ 2024-25 (covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)	Brand	9/5/24	Addition to Tier 3
OMNIPOD 5 DEXG7G6 PODS (G EN 5) (*insulin infusion disposable pump reservoir***)	Brand	11/10/24	Addition to Tier 3
OMNIPOD 5 LIBRE2 PLUS G6 (*insulin infusion disposable pump kit***)	Brand	8/25/24	Addition to Tier 3
OMNIPOD 5 LIBRE2 PLUS G6 PODS (*insulin infusion disposable pump reservoir***)	Brand	8/25/24	Addition to Tier 3
oxcarbazepine tab er 24hr 150 mg	Generic	9/8/24	Addition to Tier 2, generic for OXTELLAR XR
oxcarbazepine tab er 24hr 300 mg	Generic	9/8/24	Addition to Tier 2, generic for OXTELLAR XR
oxcarbazepine tab er 24hr 600 mg	Generic	9/8/24	Addition to Tier 2, generic for OXTELLAR XR
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y/2024-25 (covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)	Brand	8/25/24	Addition to Tier 3
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y/2024-25 (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	Brand	8/25/24	Addition to Tier 3
POTASSIUM CHLORIDE ER (potassium chloride tab er 15 meq)	Brand	9/15/24	Addition to Tier 4
prednisolone acetate ophth susp 1%	Generic	10/13/24	Move from Tier 3 to Tier 2
PREVIDENT 5000 ENAMEL PRO TECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from non-covered to Tier 3
PREVIDENT 5000 SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	9/29/24	Move from non-covered to Tier 3
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml))	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i>
SPIKEVAX COVID-19 VACCINE /2024-25 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	Brand	8/25/24	Addition to Tier 3
sulfadiazine tab 500 mg	Generic	10/6/24	Move from Tier 4 to Tier 2
tazarotene cream 0.05%	Generic	9/15/24	Addition to Tier 2, generic for TAZORAC

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
TREMFYA (guselkumab soln auto-injector 200 mg/2ml)	Brand	12/10/24	Addition to Tier 3
TREMFYA (guselkumab soln prefilled syringe 200 mg/2ml)	Brand	12/10/24	Addition to Tier 3
TRUQAP (capivasertib tab therapy pack 160 mg)	Brand	10/6/24	Addition to Tier 4
TRUQAP (capivasertib tab therapy pack 200 mg)	Brand	10/6/24	Addition to Tier 4
TWIIST REFILL KIT (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
TWIIST REFILL KIT/INFUSION SET (*insulin infusion pump supplies***)	Brand	4/1/25	Move from non-covered to Tier 3
TWIIST STARTER KIT (*insulin infusion pump - kit***)	Brand	4/1/25	Move from non-covered to Tier 3
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq))	Brand	9/15/24	Addition to Tier 3
VORANIGO (vorasidenib tab 10 mg)	Brand	4/1/25	Addition to Tier 3
VORANIGO (vorasidenib tab 40 mg)	Brand	4/1/25	Addition to Tier 3
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
WEGOVY (semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
WEGOVY (semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5ml)	Brand	1/1/25	Move from Tier 4 to Tier 3 of <i>Weight Management component</i> Weight management is group-specific coverage. Please refer to your benefit booklet for coverage details.

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
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5ml)	Brand	4/1/25	Move from Tier 1 to Tier 4
doxycycline (rosacea) cap delayed release 40 mg	Generic	4/1/25	Removal from Tier 2, no longer covered
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 400 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 600 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 800 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 1200 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
FENTANYL CITRATE ORAL TRA NSMUCOSAL (fentanyl citrate lozenge on a handle 1600 mcg)	Brand	4/1/25	Move from Tier 2 to Tier 4
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	Generic	7/1/25	Removal from Tier 2, no longer covered
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))	Brand	4/1/25	Removal from Tier 4, no longer covered
NITAZOXANIDE (nitazoxanide tab 500 mg)	Brand	4/1/25	Move from Tier 2 to Tier 3
ORACEA (doxycycline (rosacea) cap delayed release 40 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
OXTELLAR XR (oxcarbazepine tab er 24hr 150 mg)	Brand	4/1/25	Removal from Tier 4, no longer covered
OXTELLAR XR (oxcarbazepine tab er 24hr 300 mg)	Brand	4/1/25	Removal from Tier 4, no longer covered
OXTELLAR XR (oxcarbazepine tab er 24hr 600 mg)	Brand	4/1/25	Removal from Tier 4, no longer covered
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Brand	4/1/25	Removal from Tier 4, no longer covered
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Generic	7/1/25	Removal from Tier 2, no longer covered
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml)	Brand	7/1/25	Removal from Tier 4, no longer covered
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Generic	7/1/25	Removal from Tier 2, no longer covered
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	4/1/25	Move from Tier 1 to Tier 3
SODIUM FLUORIDE 5000 PPM SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	4/1/25	Move from Tier 1 to Tier 3
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Brand	4/1/25	Move from Tier 1 to Tier 3
SPRYCEL (dasatinib tab 20 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPRYCEL (dasatinib tab 50 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPRYCEL (dasatinib tab 70 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPRYCEL (dasatinib tab 80 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPRYCEL (dasatinib tab 100 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPRYCEL (dasatinib tab 140 mg)	Brand	4/1/25	Removal from Tier 3, no longer covered
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120ml)	Brand	4/1/25	Move from Tier 2 to Tier 4
STENDRA (avanafil tab 50 mg)	Brand	4/1/25	Removal from <i>Sexual Dysfunction Component</i> , no longer covered
STENDRA (avanafil tab 100 mg)	Brand	4/1/25	Removal from <i>Sexual Dysfunction Component</i> , no longer covered
STENDRA (avanafil tab 200 mg)	Brand	4/1/25	Removal from <i>Sexual Dysfunction Component</i> , no longer covered
TAZORAC (tazarotene cream 0.05%)	Brand	4/1/25	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
ADALIMUMAB-AACF (2 SYRINGE) (adalimumab-aacf prefilled syringe kit 40 mg/0.8ml)	Brand	4/1/25	Non-covered
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	4/1/25	Non-covered
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN) (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	4/1/25	Non-covered
ADRENALIN (epinephrine-nacl iv soln 4 mg/250ml-0.9% (16 mcg/ml))	Brand	9/15/24	Non-covered
AURLUMYN (iloprost iv soln 100 mcg/ml)	Brand	11/10/24	Non-covered
BACLOFEN (baclofen oral soln 10 mg/5ml)	Brand	10/13/24	Non-covered
BLOXIVERZ (neostigmine methylsulfate soln pref syr 5 mg/5ml (1 mg/ml))	Brand	11/10/24	Non-covered
CEFAZOLIN/DEXTROSE (cefazolin sodium-dextrose iv solution 3 gm/150ml-4%)	Brand	9/15/24	Non-covered
CLOBETASOL PROPIONATE (clobetasol propionate ophth susp 0.05%)	Brand	4/1/25	Non-covered
CREXONT (carbidopa & levodopa cap er 35-140 mg)	Brand	4/1/25	Non-covered
CREXONT (carbidopa & levodopa cap er 52.5-210 mg)	Brand	4/1/25	Non-covered
CREXONT (carbidopa & levodopa cap er 70-280 mg)	Brand	4/1/25	Non-covered
CREXONT (carbidopa & levodopa cap er 87.5-350 mg)	Brand	4/1/25	Non-covered
daunorubicin hcl iv soln 50 mg/10ml (base equiv)	Generic	10/6/24	Non-covered
dexmedetomidine hcl iv soln 400 mcg/4ml	Generic	10/27/24	Non-covered
dexmedetomidine hcl iv soln 1000 mcg/10ml	Generic	10/27/24	Non-covered
DISPENSER MD PUMP 0.25ML/ ACTUATOR D/BLUE W/CAP (*misc. devices**)	Brand	11/10/24	Non-covered
DOLOBID (diflunisal tab 250 mg)	Brand	9/29/24	Non-covered
DOXORUBICIN HYDROCHLORIDE (doxorubicin hcl inj 2 mg/ml)	Brand	10/20/24	Non-covered
ELIMITE (permethrin cream 5%)	Brand	11/10/24	Non-covered
EVERSENSE 365 SENSOR/HOLD ER (*continuous glucose system sensor***)	Brand	10/6/24	Non-covered
EVERSENSE 365 SMART TRANS MITTER (*continuous glucose system transmitter***)	Brand	10/6/24	Non-covered
FEMLYV (norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg)	Brand	4/1/25	Non-covered
FREESTYLE LIBRE 2 PLUS/SE NOSR/FLASH GLUCOSE MONITOR SYSTEM (*continuous glucose system sensor***)	Brand	10/6/24	Non-covered
GLIMEPIRIDE (glimepiride tab 3 mg)	Brand	9/1/24	Non-covered
hydrocortisone sodium succinate pf for inj 100 mg	Generic	10/6/24	Non-covered, generic for SOLU-CORTEF
hydromorphone hcl inj 0.2 mg/ml	Generic	10/6/24	Non-covered, generic for DILAUDID
IHEALTH BLOOD GLUCOSE TES T STRIPS (glucose blood test strip)	Brand	9/22/24	Non-covered
ILET STARTER KIT - CONTAC T DETACH 23" 6MM (*insulin infusion pump supplies***)	Brand	10/20/24	Non-covered
ILET STARTER KIT - INSET 23" 6MM (*insulin infusion pump supplies***)	Brand	10/20/24	Non-covered
ILET STARTER KIT - INSET 32" 6MM (*insulin infusion pump supplies***)	Brand	10/20/24	Non-covered
JIVI (antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit)	Brand	9/8/24	Non-covered
LIVDELZI (seladelpar lysine cap 10 mg)	Brand	4/1/25	Non-covered
MIROTRACT WOUND MATRIX 3M MX5CM (collagen matrix (porcine) device 3 mm x 5 cm)	Brand	9/15/24	Non-covered
MIROTRACT WOUND MATRIX 3M MX9CM (collagen matrix (porcine) device 3 mm x 9 cm)	Brand	9/15/24	Non-covered
MIROTRACT WOUND MATRIX 5M MX5CM (collagen matrix (porcine) device 5 mm x 5 cm)	Brand	9/15/24	Non-covered
MIROTRACT WOUND MATRIX 5M MX9CM (collagen matrix (porcine) device 5 mm x 9 cm)	Brand	9/15/24	Non-covered
MOBI 2ML CARTRIDGE (*insulin infusion pump supplies - reservoir***)	Brand	10/13/24	Non-covered
MYDCOMBI (tropicamide-phenylephrine ophth soln cartridge spray 1-2.5%)	Brand	4/1/25	Non-covered
NEFFY (epinephrine nasal spray 2 mg/0.1ml)	Brand	4/1/25	Non-covered
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Brand	4/1/25	Non-covered
NEO-VITAL RX (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Brand	11/10/24	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
octreotide acetate for im inj kit 20 mg	Generic	10/6/24	Non-covered, generic for SANDOSTATIN LAR DEPOT
octreotide acetate for im inj kit 30 mg	Generic	10/6/24	Non-covered, generic for SANDOSTATIN LAR DEPOT
OHTUVAYRE (ensifentrine inhalation susp 3 mg/2.5ml)	Brand	4/1/25	Non-covered
ONYDA XR (clonidine hcl extended release susp 0.1 mg/ml)	Brand	4/1/25	Non-covered
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 5 mg)	Brand	10/6/24	Non-covered
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 10 mg)	Brand	4/1/25	Non-covered
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 30 mg)	Brand	10/6/24	Non-covered
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE (pantoprazole sodium in nacl 0.9% iv soln 40 mg/50ml)	Brand	11/3/24	Non-covered
PIASKY (crovalimab-akkz inj soln 340 mg/2ml)	Brand	4/1/25	Non-covered
POSFREA (palonosetron hcl iv soln 0.25 mg/5ml (base equivalent))	Brand	8/25/24	Non-covered
POTASSIUM PHOSPHATE/SODIUM CHLORIDE (potassium phosphates-nacl 0.9 % iv soln 15 mmole/250ml)	Brand	9/15/24	Non-covered
RELION PLATINUM BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	10/13/24	Non-covered
ROXYBOND (oxycodone hcl tab abuse deter 10 mg)	Brand	4/1/25	Non-covered
SOFDRA (sofipirionium bromide gel 12.45%)	Brand	4/1/25	Non-covered
TEVIMBRA (tislelizumab-jsgr iv soln 100 mg/10ml)	Brand	8/25/24	Non-covered
TREMFYA (guselkumab iv soln 200 mg/20ml (10 mg/ml))	Brand	9/29/24	Non-covered
UNDECATREX (testosterone undecanoate cap 200 mg)	Brand	10/6/24	Non-covered, authorized generic for KYZATREX
VABYSMO (faricimab-svoa intravitreal soln pref syr 6 mg/0.05ml)	Brand	9/1/24	Non-covered
VAFSEO (vadadustat tab 150 mg)	Brand	4/1/25	Non-covered
VAFSEO (vadadustat tab 300 mg)	Brand	4/1/25	Non-covered
VASOPRESSIN/SODIUM CHLORIDE (vasopressin-sodium chloride iv soln 20 unit/100ml-0.9%)	Brand	9/15/24	Non-covered
VASOPRESSIN/SODIUM CHLORIDE (vasopressin-sodium chloride iv soln 40 unit/100ml-0.9%)	Brand	9/15/24	Non-covered
VIGAFYDE (vigabatrin oral soln 100 mg/ml)	Brand	4/1/25	Non-covered
VYLOY (zolbetuximab-clzb for iv soln 100 mg)	Brand	10/27/24	Non-covered
ZOLMITRIPTAN (zolmitriptan nasal spray 2.5 mg/spray unit)	Brand	9/29/24	Non-covered
ZOMIG (zolmitriptan nasal spray 2.5 mg/spray unit)	Brand	9/29/24	Non-covered
ZORYVE (roflumilast cream 0.15%)	Brand	4/1/25	Non-covered