

Net Results Plus Update October 1, 2023 Formulary Changes

The information below is effective as of October 1, 2023 and applies to all commercial employer groups that are assigned to the Net Results Plus formulary. All changes to this list are the result of a comprehensive review of relevant clinical information by the Prime Therapeutics National Pharmacy and Therapeutics Committee.

Brand Name Drugs available with generic equivalents (Excluded from coverage)

The following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective October 1, 2023. The generic equivalent will continue to be covered.

AUBAGIO TAB	LAMICTAL ODT KIT	SUPREP BOWEL SOL PREP KIT
CARDIZEM LA TAB	NAFTIN GEL	TAZORAC GEL
CELONTIN CAP	NOXAFIL SUSP	TROKENDI XR CAP
DIVIGEL GEL	ORFADIN CAP	UCERIS AERO FOAM
IRESSA TAB	PRUDOXIN CREAM	ZONALON CREAM

Brand Name and generic Drugs with available alternatives (Excluded from coverage)

The following generic and Brand-name drugs **with preferred alternatives** will be **excluded** from coverage effective October 1, 2023. Request for coverage will require documented medical necessity.

CHORIONIC GONADOTROPIN INJ	NOVAREL INJ	XYREM SOL
FARYDAK CAP	PRENATABS RX TAB	

Tier changes

The following products have been moved to a **higher** co-pay tier effective October 1, 2023.

Tier 1 to Tier 3

ACETASOL HC SOL OTIC	CIMETIDINE SOL	PERINDOPRIL TAB
ALBUTEROL NEB 0.5%	CROMOLYN SOD SOL OPTH	PREDNISOLONE SOL 15MG/5ML
AMILORIDE/HCTZ TAB	EFAVIRENZ CAP	PROMETH VC SYPUP
APAP/CODEINE SOL	HC/ACETIC ACID SOL OTIC	PROMETH VC/ SYPUP CODEINE
APRACLONIDINE SOL OPTH	LEVOFLOXACIN SOL	RIBAVIRIN CAP
BETAXOLOL SOL OPTH	LEVORPHANOL TAB	RIBAVIRIN TAB
CHLORPROMAZINE CONCENTRATE	LOTEPREDNOL GEL	

Prior Authorization

The following product will now require prior authorization (medical necessity) review before coverage is allowed, effective October 1, 2023.

MOUNJARO	REZUROCK
OZEMPIC	RYBELSUS
REPATHA	TRULICITY
REPATHA SURECLICK	VICTOZA

Quantity Limits

The following product will now have quantity limits per prescription based upon standard dosing recommendations effective October 1, 2023.

PRALUENT INJ	REPATHA INJ	REZUROCK TAB
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