

## Net Results Update July 1, 2025 Formulary Changes

The information below is effective as of July 1, 2025, and applies to all commercial employer groups that are assigned to the Net Results 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)**

For application across all commercial employer groups that are assigned to the Net Results formulary the following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective July 1, 2025. The generic equivalent will continue to be covered.

BETIMOL OPHTHALMIC SOLUTION  
MESNEX  
NEXIUM SUSPENSION PACKET

CETRAXAL OTIC SOLUTION  
NAMZARIC  
NITROLINGUAL SPRAY

### **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 July 1, 2025. Request for coverage will require documented medical necessity.

ACTHAR GEL PEN

OCALIVA

VELPHORO CHEW

### **Tier changes**

The following products have been moved to a **higher** co-pay tier effective July 1, 2025.

BENZONATATE 150MG

### **Quantity Limits**

The following drugs will now have new or updated quantity limits per prescription based upon standard dosing recommendations effective July 1, 2025.

BUPROPION 300MG TAB XR  
HYDROCODONE-ACETAMINOPHEN SOLUTION  
NEMLUVIO