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Net Results Update
October 1, 2025 Formulary Changes

The information below is effective as of October 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 October 1, 2025. The generic equivalent will continue to be covered.

APTIOM
BRILINTA
NAMZARIC 21-10mg
PURIXAN SUSPENSION
QSYMIA
SOOLANTRA

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, 2025. Request for coverage will require documented medical necessity.

ONETOUCH METERS AND TEST STRIPS
TARPEYO

Tier changes

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

CEFPODOXIME PROXETIL SUSPENSION
CHENODAL
CYCLOSERINE
DESMOPRESSIN ACETATE NASAL SPRAY
DOXERCALCIFEROL
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM
E.E.S. 400
HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG
HYDROCORTISONE PERIANAL CREAM
NORGESIC
ORPHENADRINE/ASPIRIN/CAFFEINE
ORPHENGESIC FORTE
PROCTOCORT PERIANAL CREAM
PROPRANOLOL HCL ORAL SOLUTION

Prior Authorization
The following products will now require prior authorization (medical necessity) review before coverage is allowed, effective October 1, 2025.

NIMODIPINE SOLUTION
SENSIPAR
XDEMVY

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

ABRILADA
AURYXIA
DARIFENACIN ER
DETROL
DETROL LA
DEXILANT
DITROPAN XL
ELMIRON
FOXRENOL
GELNIQUE
GEMTESA
ILET STARTER KIT
MYRBETRIQ
NIMODIPINE
OXERVATE
OXYBUTYNIN CHLORIDE
OXYBUTYNIN CHLORIDE ER
OXYBUTYNIN CHLORIDE SOLUTION
OXYTROL
PRILOSEC
RENAGEL
RENVELA
SEVELAMER
TOVIAZ
TROSPIUM
TROSPIUM ER
VELPHORO
VESICARE
VESICARE LS