

Net Results Update January 1, 2026 Formulary Changes

The information below is effective as of January 1, 2026, 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 January 1, 2026. The generic equivalent will continue to be covered.

COMPLERA	REVLIMID
DIFICID	SAFYRAL
ENTRESTO	TASIGNA
FYCOMPA	TRACLEER
OZOBAX DS	VUITY
PROMACTA	

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 January 1, 2026. Request for coverage will require documented medical necessity.

ERYTHROMYCIN EYE OINTMENT	SERTRALINE CAPSULES
LINZESS	SPIRIVA HANDIHALER
NYVEPRIA	

Tier changes

The following products have been moved to a **higher** co-pay tier effective January 1, 2026.

BETAMETHASONE VALERATE	PAROXETINE ORAL SUSPENSION
DESOXIMETASONE	TESTOSTERONE GEL
FLURBIPROFEN	TRETINOIN MICROSPHERE

Prior Authorization

The following products will now require prior authorization (medical necessity) review before coverage is allowed, effective January 1, 2026.

BRIMONIDINE TARTRATE OPHTH	CUVRIOR
BRIMONIDINE TARTRATE-TIMOLOL MALEATE	DILTIAZEM HCL COATED BEADS CAP ER 24HR
BRINZOLAMIDE OPHTH	DUTASTERIDE-TAMSULOSIN HCL CAP
CARBZAH SOLUTION	GOCOVRI CAP ER
CLEMASTINE FUMARATE SYRUP 0.67MG	NORGESIC FORTE
COLCHICINE CAP	ORPHENGESIC FORTE
CROTAN	PODOFILOX GEL
PRURADIK	TIMOLOL MALEATE EYE GEL
CTEXLI	ZILEUTON TAB ER 12HR

Quantity Limits

The following drugs will now have new or updated quantity limits per prescription based upon standard dosing recommendations effective January 1, 2026.

BIMZELX	FREE LIBRE2 KIT PLUS/SEN
CARAC CREAM	FREE LIBRE3 KIT PLUS/SEN
CTEXLI	TOLAK CREAM
DICLOFENAC GEL	ZYCLARA CREAM