

Net Results Update October 1, 2026 Formulary Changes

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

AURYXIA	JANUMET
AUSTEDO	JANUVIA
AUSTEDO XR	NUCYNTA
	OFEV
AUSTEDO XR PATIENT TITRAT	POMALYST
BRIVIACT	SAVELLA
EDURANT	SAVELLA TITRATION PACK
FARXIGA	XIGDUO XR

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

SELARSDI

Tier changes

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

LEXETTE

Prior Authorization

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

ATACAND HCT TAB	EDARBYCLOR TAB	MICARDIS HCT TAB
AZILSARTAN TAB	EXFORGE HCT	NGENLA INJ
DILTIAZEM CAP ER	LEQEMBI IQLK INJ	VASCEPA

Quantity Limits

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

LEQEMBI IQLK INJ**XARELTO****VASCEPA**