

Net Results Update July 1, 2024 Formulary Changes

The information below is effective as of July 1, 2024, 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 formularies 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, 2024. The generic equivalent will continue to be covered.

LIPOFEN	PRADAXA CAP 110MG	ACCURETIC
FORTEO	NASCOBAL	CONDYLOX GEL
ALREX SUS	BROMSITE DRO 0.075%	LEXETTE
GRALISE	EMFLAZA	INDOCIN SUSP
KORLYM	PENTASA 500MG	

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, 2024. Request for coverage will require documented medical necessity.

AMJEVITA	EXKIVITY
XIIDRA	

Tier changes

The following products have been moved to a **higher** co-pay tier effective July 1, 2024.

MORPHINE SULFATE ORAL SOLN 10MG/5ML
 GLUCAGON INJ KIT
 GLYBURIDE MICRONIZED TAB
 HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%
 VALSARTAN ORAL SOLN 20MG/5ML

Quantity Limits

The following product(s) will now have new or updated quantity limits per prescription based upon standard dosing recommendations effective July 1, 2024.

FORTESTA	NATESTO	IMIQUIMOD CREAM
MOUNJARO	VOSEVI	