

Source Rx Formulary Updates



July 2021

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit myprime.com for the most current and complete list.

- Tier 1 = preferred generic
- Tier 2 = non-preferred generic
- Tier 3 = preferred brand
- Tier 4 = non-preferred brand

Positive Changes

This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
abiraterone acetate tab 500 mg	Generic	12/20/20	Addition to Tier 2, generic for ZYTIGA
CARBAGLU (carglumic acid tab 200 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	generic	4/1/21	Move from non-covered to Tier 2
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	generic	4/1/21	Move from non-covered to Tier 2
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	generic	4/1/21	Move from non-covered to Tier 2
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	generic	4/1/21	Move from non-covered to Tier 2
ERYTHROMYCIN ETHYLSUCCINA TE (erythromycin ethylsuccinate tab 400 mg)	Brand	1/17/21	Addition to Tier 4
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Brand	7/1/21	Move from Tier 4 to Tier 3
glucagon (rdna) for inj kit 1 mg	Generic	1/3/21	Addition to Tier 2, generic for GLUCAGON EMERGENCY KIT
HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8ml)	Brand	12/27/20	Addition to Tier 3
HUMIRA PEN-PEDIATRIC UC S TARTER PACK (adalimumab pen-injector kit 80 mg/0.8ml)	Brand	2/28/21	Addition to Tier 3
ICLUSIG (ponatinib hcl tab 10 mg (base equiv))	Brand	1/24/21	Addition to Tier 3
ICLUSIG (ponatinib hcl tab 30 mg (base equiv))	Brand	1/24/21	Addition to Tier 3
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Brand	7/1/21	Addition to Tier 4
JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml)	Brand	3/2/21	Addition to Tier 3
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4ml)	Brand	7/1/21	Move from non-covered to Tier 3
LATUDA (lurasidone hcl tab 20 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
LATUDA (lurasidone hcl tab 40 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
LATUDA (lurasidone hcl tab 60 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
LATUDA (lurasidone hcl tab 80 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
LATUDA (lurasidone hcl tab 120 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
loteprednol etabonate ophth gel 0.5%	Generic	2/21/21	Addition to Tier 2, generic for LOTEMAX gel
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Brand	2/7/21	Move from non-covered to Tier 3
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml)	Brand	12/20/20	Addition to Tier 3
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE)	Generic	3/7/21	Move from Tier 3 to Tier 2
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Brand	7/1/21	Addition to Tier 3
ORGOVYX (relugolix tab 120 mg)	Brand	7/1/21	Addition to Tier 4
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3ml))	Brand	2/21/21	Addition to Tier 3
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml)	Brand	7/1/21	Addition to Tier 3
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Generic	2/28/21	Move from Tier 4 to Tier 2
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Generic	2/28/21	Move from Tier 4 to Tier 2

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 10 mg/0.4ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 12.5 mg/0.5ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 15 mg/0.6ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 17.5 mg/0.7ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 20 mg/0.8ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 22.5 mg/0.9ml)	Brand	6/1/21	Addition to Tier 3
REDITREX (methotrexate soln prefilled syringe 25 mg/ml)	Brand	6/1/21	Addition to Tier 3
terconazole vaginal cream 0.8%	Generic	12/27/20	Move from Tier 4 to Tier 2
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5ml)	Brand	7/1/21	Addition to Tier 4
topiramate cap er 24hr sprinkle 25 mg	Generic	2/7/21	Addition to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 25 mg	Generic	2/7/21	Move from Tier 4 to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 50 mg	Generic	2/7/21	Addition to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 50 mg	Generic	2/7/21	Move from Tier 4 to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 100 mg	Generic	2/7/21	Addition to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 100 mg	Generic	2/7/21	Move from Tier 4 to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 150 mg	Generic	2/7/21	Addition to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 150 mg	Generic	2/7/21	Move from Tier 4 to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 200 mg	Generic	2/7/21	Addition to Tier 2, generic for QUDEXY XR
topiramate cap er 24hr sprinkle 200 mg	Generic	2/7/21	Move from Tier 4 to Tier 2, generic for QUDEXY XR
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg)	Brand	1/24/21	Move from Tier 3 to Tier 2
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg)	Brand	1/24/21	Move from Tier 3 to Tier 2
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)	Brand	1/24/21	Move from Tier 3 to Tier 2
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)	Brand	2/14/21	Addition to Tier 3
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp)	Brand	2/14/21	Addition to Tier 3
VIMPAT (lacosamide oral solution 10 mg/ml)	Brand	7/1/21	Move from Tier 4 to Tier 3
VIMPAT (lacosamide tab 50 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
VIMPAT (lacosamide tab 100 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
VIMPAT (lacosamide tab 150 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
VIMPAT (lacosamide tab 200 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Brand	2/14/21	Addition to Tier 3
XHANCE (fluticasone propionate nasal exhaler susp 93 mcg/act)	Brand	7/1/21	Move from <i>optional Nasal Steroid</i> component to Tier 4
XTANDI (enzalutamide tab 40 mg)	Brand	3/7/21	Addition to Tier 3
XTANDI (enzalutamide tab 80 mg)	Brand	3/7/21	Addition to Tier 3
ZOKINVY (lonafarnib cap 50 mg)	Brand	7/1/21	Addition to Tier 3
ZOKINVY (lonafarnib cap 75 mg)	Brand	7/1/21	Addition to Tier 3

Negative Changes

This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ACETAMINOPHEN/CAFFEINE/DI HYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Brand	10/1/21	Removal from Tier 4, no longer covered
ALINIA (nitazoxanide tab 500 mg)	Brand	7/1/21	Removal from Tier 3, no longer covered
amantadine hcl tab 100 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	Brand	7/1/21	Removal from Tier 3, no longer covered
BANZEL (rufinamide susp 40 mg/ml)	Brand	7/1/21	Removal from Tier 4, no longer covered
benzonatate cap 150 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
BETHKIS (tobramycin nebu soln 300 mg/4ml)	Brand	7/1/21	Removal from Tier 4, no longer covered
CEFACLOR (cefaclor cap 250 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
CEFACLOR (cefaclor cap 500 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
CEFADROXIL (cefadroxil tab 1 gm)	Brand	10/1/21	Move from Tier 2 to Tier 4
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Generic	10/1/21	Removal from Tier 2, no longer covered
clindamycin phosphate-benzoyl peroxide gel 1-5%	Generic	7/1/21	Removal from Tier 2, no longer covered
cyclobenzaprine hcl tab 7.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
CYCLOSERINE (cycloserine cap 250 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr)	Brand	10/1/21	Removal from Tier 4, no longer covered
FEMRING (estradiol acetate vaginal ring 0.1 mg/24hr)	Brand	10/1/21	Removal from Tier 4, no longer covered
fenofibrate micronized cap 43 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
FERRIPROX (deferiprone tab 500 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
FLURBIPROFEN (flurbiprofen tab 50 mg)	Brand	7/1/21	Move from Tier 1 to Tier 4
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Brand	10/1/21	Removal from Tier 3, no longer covered
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5ml)	Brand	7/1/21	Removal from Tier 1, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Brand	7/1/21	Move from Tier 2 to Tier 4
imipramine pamoate cap 75 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 100 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 125 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 150 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
KUVAN (sapropterin dihydrochloride powder packet 100 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
KUVAN (sapropterin dihydrochloride powder packet 500 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
KUVAN (sapropterin dihydrochloride soluble tab 100 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Brand	10/1/21	Removal from Tier 3, no longer covered
methamphetamine hcl tab 5 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Brand	7/1/21	Removal from Tier 4, no longer covered
naproxen tab ec 375 mg	Generic	10/1/21	Removal from Tier 1, no longer covered
naproxen tab ec 500 mg	Generic	10/1/21	Removal from Tier 1, no longer covered
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Brand	7/1/21	Move from Tier 2 to Tier 4
SAPHRIS (asenapine maleate sl tab 2.5 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
SAPHRIS (asenapine maleate sl tab 5 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
SAPHRIS (asenapine maleate sl tab 10 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
SKLICE (ivermectin lotion 0.5%)	Brand	7/1/21	Removal from Tier 4, no longer covered
SPS (sodium polystyrene sulfonate oral susp 15 gm/60ml)	Brand	10/1/21	Move from Tier 2 to Tier 4
temazepam cap 7.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
temazepam cap 22.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
trazodone hcl tab 300 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
tretinoin gel 0.05%	Generic	7/1/21	Removal from Tier 2, no longer covered
TREXALL (methotrexate sodium tab 5 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 7.5 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 10 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 15 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Brand	10/1/21	Removal from Tier 4, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Brand	7/1/21	Move from Tier 1 to Tier 4
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Brand	7/1/21	Removal from Tier 3, no longer covered
VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Brand	10/1/21	Move from Tier 1 to Tier 4
ZYTIGA (abiraterone acetate tab 500 mg)	Brand	10/1/21	Removal from Tier 3, no longer covered

New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
AMONDYS 45 (casimersen iv soln 100 mg/2ml (50 mg/ml))	Brand	3/7/21	Non-covered
ATROPINE SULFATE (atropine sulfate iv soln 0.4 mg/ml)	Brand	1/24/21	Non-covered
ATROPINE SULFATE (atropine sulfate iv soln 1 mg/ml)	Brand	1/24/21	Non-covered
BOTTLE 2OZ/BLUE GLASS/DROPPER (*misc. devices**)	Brand	2/28/21	Non-covered
BOTTLE/AMBER GLASS/500ML/ BOSTON RND/BLK PHENOLIC POLYSEAL CA (*misc. devices**)	Brand	2/28/21	Non-covered
BOTTLE/AMBER GLASS/BOSTON ROUND/8OZ/BLACK PHENOLIC CAP (*misc. devices**)	Brand	2/28/21	Non-covered
BOTTLE/SPRAY/120ML/CLEAR PE PLASTIC (*misc. devices**)	Brand	2/28/21	Non-covered
BREYANZI (lisocabtagene maraleucel suspension for iv infusion)	Brand	2/14/21	Non-covered
brinzolamide ophth susp 1%	Generic	3/14/21	Non-covered, generic for AZOPT
BYFAVO (remimazolam besylate for iv soln 20 mg)	Brand	1/3/21	Non-covered
COSELA (trilaciclib dihydrochloride for iv soln 300 mg)	Brand	2/21/21	Non-covered
DEFLUX METAL NEEDLE/23G X 350MM (needle (disp) 23 x 14" (350 mm))	Brand	3/7/21	Non-covered
droxidopa cap 100 mg	Generic	2/21/21	Non-covered, generic for NORTHERA
droxidopa cap 200 mg	Generic	2/21/21	Non-covered, generic for NORTHERA
droxidopa cap 300 mg	Generic	2/21/21	Non-covered, generic for NORTHERA
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Generic	1/24/21	Non-covered, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Generic	1/24/21	Non-covered, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Generic	1/24/21	Non-covered, generic for TRUVADA
EPINEPHRINE (epinephrine iv soln prefilled syringe 1 mg/10ml (0.1 mg/ml))	Brand	1/17/21	Non-covered
EPINEPHRINE (epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))	Brand	12/20/20	Non-covered
EVKEEZA (evinacumab-dgnb iv soln 345 mg/2.3ml (150 mg/ml))	Brand	2/21/21	Non-covered
EVKEEZA (evinacumab-dgnb iv soln 1200 mg/8ml (150 mg/ml))	Brand	2/21/21	Non-covered
EYSUVIS (loteprednol etabonate ophth susp 0.25%)	Brand	7/1/21	Non-covered
FACE SHIELD FULL LENGTH (*misc. devices**)	Brand	1/31/21	Non-covered
FACE SHIELD FULL LENGTH/CLEAR (*misc. devices**)	Brand	1/31/21	Non-covered
FENTANYL CITRATE (fentanyl citrate pf soln prefilled syringe 50 mcg/ml)	Brand	1/31/21	Non-covered
FLECTOR (diclofenac epolamine patch 1.3%)	Brand	12/20/20	Non-covered
foscarnet sodium inj 6000 mg/250ml (24 mg/ml)	Generic	2/7/21	Non-covered, generic for FOSCAVIR
GALLIUM GA 68 PSMA-11 (gallium ga 68 psma-11 iv soln 0.5-5 mci/ml (18.5-185 mbq/ml))	Brand	1/3/21	Non-covered
GAMIFANT (emapalumab-lzsg iv soln 100 mg/20ml)	Brand	12/20/20	Non-covered
GEMTESA (vibegron tab 75 mg)	Brand	7/1/21	Non-covered
GLYRX-PF (glycopyrrolate inj pf soln pref syr 0.6 mg/3ml (0.2 mg/ml))	Brand	12/27/20	Non-covered
GLYRX-PF (glycopyrrolate inj pf soln pref syr 1 mg/5ml (0.2 mg/ml))	Brand	1/10/21	Non-covered
GRALISE (gabapentin (once-daily) tab pack 300 mg (9) & 600 mg (24))	Brand	3/14/21	Non-covered
hydrocodone bitartrate tab er 24hr deter 20 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 30 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 40 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 60 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 80 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 100 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
hydrocodone bitartrate tab er 24hr deter 120 mg	Generic	3/7/21	Non-covered, generic for HYSINGLA ER
imiquimod cream 3.75%	Generic	1/31/21	Non-covered, generic for ZYCLARA
IMPEKLO (clobetasol propionate lotion 0.15 mg/act (0.05%))	Brand	7/1/21	Non-covered
JENLIVA PRENATAL/POSTNATAL (*prenatal multivitamins & minerals w/ iron & fa cap 1 mg***)	Brand	1/31/21	Non-covered
levorphanol tartrate tab 3 mg	Generic	1/24/21	Non-covered
LUBIPROSTONE (lubiprostone cap 8 mcg)	Brand	1/17/21	Non-covered, authorized generic for AMITIZA
LUBIPROSTONE (lubiprostone cap 24 mcg)	Brand	1/17/21	Non-covered, authorized generic for AMITIZA

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
MARGENZA (margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml))	Brand	2/28/21	Non-covered
meloxicam cap 5 mg	Generic	12/20/20	Non-covered, generic for VIVLODEX
meloxicam cap 10 mg	Generic	12/20/20	Non-covered, generic for VIVLODEX
MINIMED MIO ADVANCE INFUS ION SET/23"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/23"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	1/24/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/43"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/24/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/43"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	1/24/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/18"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/23"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/32"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/32"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/43"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MINIMED QUICK SET INFUSIO N SET/43"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	1/3/21	Non-covered
MIXER/MAZERUSTAR KK-250S, KK-300SS/STANDARD MIXING CONTAINER (*misc. devices**)	Brand	2/28/21	Non-covered
MIXER/MAZERUSTAR KK-250S, KK-300SS/YELLOW STD MIX CONTAINER (*misc. devices**)	Brand	2/28/21	Non-covered
MIXER/MAZERUSTAR/UNODOSE MIXING ADAPTER (*misc. devices**)	Brand	2/28/21	Non-covered
NAPROXEN SODIUM (naproxen sodium tab er 24hr 750 mg (base equiv))	Brand	1/10/21	Non-covered, authorized generic for NAPRELAN
NULIBRY (fosdenopterin hydrobromide for iv soln 9.5 mg)	Brand	3/7/21	Non-covered
NUVAZIL II (*occlusive silicone sheets***)	Brand	1/31/21	Non-covered
ONGENTYS (opicapone cap 25 mg)	Brand	4/1/21	Non-covered
ORLADEYO (berotralstat hcl cap 110 mg)	Brand	7/1/21	Non-covered
ORLADEYO (berotralstat hcl cap 150 mg)	Brand	7/1/21	Non-covered
OXLUMO (lumasiran sodium subcutaneous soln 94.5 mg/0.5ml)	Brand	7/1/21	Non-covered
OXYCODONE HYDROCHLORIDE/A CETAMINOPHEN (oxycodone w/ acetaminophen soln 10-300 mg/5ml)	Brand	7/1/21	Non-covered
PEPAXTO (melphalan flufenamide hcl for iv soln 20 mg)	Brand	3/7/21	Non-covered
PNV TABS 20-1 (*prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)**)	Brand	1/31/21	Non-covered
POGO AUTOMATIC BLOOD GLUC OSE MONITORING SYSTEM (*blood glucose monitoring devices***)	Brand	3/14/21	Non-covered
PREGEN DHA (*prenatal mv & min w/fe carbonyl-fa-dha cap 28-1-35 mg**)	Brand	1/31/21	Non-covered
PRISMASOL BGK 4/0/1.2 (*bicarb 32 meq/l-dext iv soln with k-mg 4-1.2 meq/l (crrt)**)	Brand	12/20/20	Non-covered
PROLATE (oxycodone w/ acetaminophen soln 10-300 mg/5ml)	Brand	7/1/21	Non-covered
QDOLO (tramadol hcl oral soln 5 mg/ml)	Brand	7/1/21	Non-covered
QUTENZA (capsaicin patch 8% & cleansing gel kit)	Brand	4/15/21	Non-covered
RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	1/10/21	Non-covered
RELTONE (ursodiol cap 200 mg)	Brand	7/1/21	Non-covered
RELTONE (ursodiol cap 400 mg)	Brand	7/1/21	Non-covered
RIABNI (rituximab-arrr iv soln 100 mg/10ml (10 mg/ml))	Brand	12/27/20	Non-covered
RIABNI (rituximab-arrr iv soln 500 mg/50ml (10 mg/ml))	Brand	12/27/20	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
SAFE-SENSE COVERALL BOOTS UNIVERSAL SIZE/WHITE (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE COVERALL/HOOD/ S (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE COVERALL/HOOD/ M (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE COVERALL/HOOD/ L (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE COVERALL/HOOD/ XL (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE EARLOOP FACE M ASK (*masks***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/LOW-DERMA/S (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/LOW-DERMA/M (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/LOW-DERMA/L (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/LOW-DERMA/XL (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/S (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/M (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/L (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE GLOVES/BLUE/NI TRILE/POWDER-FREE/XL (*disposable gloves***)	Brand	1/31/21	Non-covered
SAFE-SENSE LAB COAT/KNITT ED COLLAR/CUFFS/SMALL (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE LAB COAT/KNITT ED COLLAR/CUFFS/MEDIUM (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE LAB COAT/KNITT ED COLLAR/CUFFS/LARGE (*misc. devices**)	Brand	2/28/21	Non-covered
SAFE-SENSE LAB COAT/KNITT ED COLLAR/CUFFS/X-LARGE (*misc. devices**)	Brand	2/28/21	Non-covered
SERUM BOTTLES/AMBER GLASS /30ML/20MM (*misc. devices**)	Brand	2/28/21	Non-covered
SERUM BOTTLES/CLEAR GLASS /50ML/20MM (*misc. devices**)	Brand	2/28/21	Non-covered
SKARLITE (*occlusive silicone sheets***)	Brand	2/14/21	Non-covered
SPILL KIT/CHEMOTHERAPY (*misc. devices - kit**)	Brand	2/28/21	Non-covered
STIRRING ROD/GLASS 12X1/4 " (*misc. devices**)	Brand	2/28/21	Non-covered
SULCONAZOLE NITRATE (sulconazole nitrate solution 1%)	Brand	1/24/21	Non-covered, authorized generic for EXELDERM soln
SURGICAL FACE MASK/NIOSH N95 (*masks***)	Brand	2/28/21	Non-covered
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Brand	7/1/21	Non-covered
TRAZIMERA (trastuzumab-qyyp for iv soln 150 mg)	Brand	2/28/21	Non-covered
TRISTART FREE (*prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg***)	Brand	2/7/21	Non-covered
WINLEVI (clascoterone cream 1%)	Brand	7/1/21	Non-covered
WYNZORA (calcipotriene-betamethasone dipropionate cream 0.005-0.064%)	Brand	7/1/21	Non-covered
XARACOLL (bupivacaine hcl implant 3 x 100 mg (300 mg dose))	Brand	7/1/21	Non-covered
ZOLEDRONIC ACID (zoledronic acid for iv soln 4 mg)	Brand	12/21/20	Non-covered
ZOLMITRIPTAN (zolmitriptan nasal spray 2.5 mg/spray unit)	Brand	1/31/21	Non-covered, generic for ZOMIG nasal spray
ZOLMITRIPTAN (zolmitriptan nasal spray 5 mg/spray unit)	Brand	1/31/21	Non-covered, generic for ZOMIG nasal spray