



# NetResults™ A-Series Prescription Drug Guide

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Please consider talking to your doctor about prescribing covered medications where non-covered (NC) medications are listed. Preferred medications (Tier 1 and Tier 2) will help reduce your out-of-pocket costs compared to non-preferred medications (Tier 3). This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list, also known as a formulary, is regularly updated. This list is subject to change.

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## Introduction

The Prime Therapeutics NetResults A-Series Prescription Drug Guide contains covered drugs for a broad range of diseases.

Generics drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand.

Brand prescription drugs are shown in capital letters followed by the generic name.

The Prime Therapeutics NetResults A-Series Prescription Drug Guide is organized into broad categories (e.g. Anti-Infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. Penicillins).

To save the most money on prescription drugs, take this drug list with you each time you visit your physician. Consider asking your physician to prescribe Tier 1 (generic) drugs. Decisions about the need for a prescription drug and dosage of a prescription drug must be made solely by you and your physician in accordance with the patient/physician relationship.

### Tier Information

Tier	Copay/coinsurance
Tier A: Affordable Care Act (ACA)	Preventive medications listed under the Affordable Care Act with limited or \$0 cost sharing.
Tier 1: Generics	Member pays a \$15 copay or the full cost of the medication, whichever is less
Tier 2 & 3: Preferred and nonpreferred brands	Member pays 100% of the cost of the drug at the point of sale and files for 80% reimbursement. Reimbursements are subject to the \$200 annual deductible.
Tier 4: Certain high-cost specialty drugs and brand name diabetic drugs	Members are responsible for 20% coinsurance at the point of sale. The plan covers medications at 80%.
Specialty medications	Filled through designated specialty pharmacies, specialty medications can be found in multiple tiers and follow the benefit structure of that tier.

\*All insulin and insulin combination products have a maximum \$100 member cost share per 30 day supply filled

## Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 60-day supply of maintenance medications, after an initial 30-day supply. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction, weight loss or infertility. State mandates may apply, check your benefit plan materials for detailed information regarding your pharmacy benefits.

**Over-the-counter exclusions:** The NetResults Formulary may not provide coverage for prescription medications that have an over-the-counter alternative. You should refer to your benefit plan material for details about your particular benefits on drugs with a tier designation that is marked with a “\*”.

**Compounded medications:** Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on the back of your ID card to determine whether compounded medications are covered and/or verify your payment amount.

**Repackaged medications:** Repackaged versions of medications already available on the market are not covered.

### Prior Authorization

Some drugs require prior authorization (PA) to ensure appropriate use. This means that your doctor will need to submit a PA request for coverage. Coverage may be approved after certain criteria are met. If a PA is required for a drug listed in this document, it will be noted next to the drug with a dot under the PA column.

### Step Therapy

A step therapy (ST) program means you may need to try an alternative drug before coverage may be available for the requested drug included in the ST program. ST programs help redirect members to safe, effective and less expensive alternatives. If a ST is required for a drug listed in this document, it will be noted next to the drug with a dot under the ST column.

### Dispensing Limits

Dispensing limits (DL) help encourage drug use as intended by the Food and Drug Administration. The DL is the maximum quantity that can be dispensed over a given period of time. These limits help encourage safe and proper use. If a DL is required for a drug listed in this document, it will be noted next to the drug with a dot under the DL column.

### Specialty Drugs

Specialty drugs require special handling, patient monitoring, and unique education prior to use.

### Non-Covered Drug

Certain drugs are non-covered (NC) on NetResults. If you fill a prescription for a NC drug, you will likely pay full retail price. Please talk to your physician about prescribing a preferred alternative. If a drug is NC, it will be noted under the Tier Designation column as NC.

### Notice

The purpose of the Prime Therapeutics NetResults Prescription Drug List is to provide a guide to coverage. Decisions about the need for a prescription drug and dosage of a prescription drug must be made solely by you and your physician in accordance with the patient/physician relationship.

## Abbreviation key

**aer**.....aerosol  
**cap**.....capsules  
**chew**.....chewable  
**conc**.....concentrate  
**cr**.....controlled release  
**dr**.....delayed release  
**ec**.....enteric coated  
**equiv**.....equivalent  
**er**.....extended release  
**gm**.....gram  
**inhal**.....inhaler  
**inj**.....injection  
**liqd**.....liquid  
**mg**.....milligram  
**ml**.....milliliter

**nebu**.....nebulizer  
**odt**.....orally disintegrating tabs  
**oint**.....ointment  
**ophth**.....ophthalmic  
**osm**.....osmotic release  
**pack**.....packets  
**powd**.....powder  
**pttw**.....twice-weekly patch  
**sl**.....sublingual  
**soln**.....solution  
**suppos**.....suppositories  
**susp**.....suspension  
**tab**.....tablets  
**td**.....transdermal  
**w/**.....with