NetResults 1.0 Four Tier Prescription Drug List

July 2024

The Prescription Drug List is regularly updated.

Contents

Therapeutic Class Drug List

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Introduction

The attached NetResults 1.0 Four Tier Prescription Drug List shows covered drugs for a broad range of diseases.

Generic 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 NetResults 1.0 Four Tier Prescription Drug List is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes).

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

If you have any questions, please contact the phone number on the back of your ID card.

How Drugs are Selected for Coverage and Tier Placement

Covered drugs on this list are selected and placed into tiers (refer to Member Prescription Benefit section) based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from the health insurer or claims administrator of your health plan, reviews prescription drugs regulated by the U.S. Food and Drug Administration (FDA) based on safety, efficacy, and uniqueness. Once drugs are deemed appropriate for coverage, and safety and efficacy have been evaluated, cost may be considered to determine final tier placement and coverage requirements.

Drugs are reviewed by the P&T Committee when newly approved by the FDA and at least annually after initial review. Drug coverage is subject to change at any time but the drug list will be updated quarterly. There are many reasons why drug coverage or tier placement may change. Some examples are listed below.

- The tier level of a drug may increase or the drug may no longer be covered when an equivalent generic drug becomes available.
- The tier level of a drug may decrease if the cost of the drug decreases.

Additional Coverage Considerations

Coverage is limited to prescription drugs approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file. Any legal requirements or group specific benefits for coverage will supersede this (e.g. preventive drugs per the Affordable Care Act).

Newly marketed prescription drugs will not be covered until the P&T Committee has had an opportunity to review the drug, to determine whether the drug will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of drugs. If your physician feels that a new drug is medically necessary prior to P&T Committee evaluation, a non-formulary exception request for coverage may be submitted.

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 90-day supply of maintenance drugs. Maintenance drugs are those drugs you may take on an ongoing basis for chronic conditions such as high blood pressure, diabetes or high cholesterol.

You should refer to your benefit plan booklet for details about your particular benefits.

Member Prescription Benefit

The prescription benefit is multi-tiered, placing prescription drugs into one of four tier levels. Tier 1 primarily contains preferred (lowest cost) generic drugs. Based on cost considerations, there may be brands placed into this tier on occasion as well. Tier 2 primarily contains preferred (based on efficacy, uniqueness, safety advantages, and/or cost considerations) brands. Tier 3 primarily contains non-preferred (less preferred compared to alternatives available based on efficacy, uniqueness, safety, and cost) brands. Tier 4 primarily contains specialty drugs. All tiers may contain drugs otherwise categorized as generic, brand, or specialty. Preferred drugs may offer a clinical or cost advantage over non-preferred drugs within the same therapeutic category. Coverage and copayment/co-insurance levels vary depending on the plan. Drugs that require Prior Authorization, Step Therapy, or that have Dispensing Limits or are considered Limited Distribution are noted in the Prescription Drug List.

Tier 1 - primarily generics and select brands
Tier 2 - primarily preferred brands
Tier 3 - primarily non-preferred brands
Tier 4 - primarily specialty

Note:
Drugs that are not covered on the formulary will be noted in the Prescription Drug List with the NC (not covered) indicator.
Drugs that are indicated with a + next to the tier in the Prescription Drug List denote group specific coverage. Please refer to your benefit booklet for more information.

Covered insulin products may be capped at a cost share of $99 per 30 days' supply. Benefits will be provided in accordance with all applicable laws. Call Customer Service using the number on the back of your ID card for questions regarding your specific coverage.

Brand Drugs and Generic Drugs

Classification

Prescription drugs are classified as either a Brand drug or a Generic drug. The Brand or Generic status is provided by a nationally recognized company providing drug product information. The Brand/Generic status for a specific drug/specific marketer can sometimes change over the life of a product in the marketplace and change from Brand to Generic or from Generic to Brand. Such changes might change your copayment/co-insurance share. Brand drug or Generic drug status is never based upon a product having a trade name. Generic drugs often have trade names.

Generic Substitution

Generic drug utilization is encouraged as a way to provide high quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of FDA’s current Good Manufacturing Practice regulations required for Brand drugs and cover the manufacturing, and identity, strength, purity and quality.

An FDA-approved Generic drug may be substituted for the Brand counterpart when it:

• Contains the same active ingredient(s) as the brand drug;
• Is identical in strength, dosage form and route of administration; and
• Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Compound Drugs

Compound drugs are defined as a drug product made or modified to have characteristics that are specifically prescribed for an individual patient when commercial drug products are not available or appropriate. To be eligible for coverage, compounded drugs must contain at least one FDA-approved prescription ingredient and must not be a copy of a commercially available product. Compounds containing any ingredient not approved by the FDA will not be covered. All compounded drugs are subject to review and may require prior authorization. Drugs used in compounded drugs may be subject to additional coverage criteria and utilization management edits. Compounds are covered only when medically necessary. Compound drugs are always classified as the highest cost-sharing non-specialty drug Tier.

Contraceptives

Some or all of the contraceptive methods or prescription drugs listed in this Prescription Drug Guide may not be covered under your plan because of your employer’s religious beliefs. To find out if contraceptive methods and prescription drugs are excluded, you may find this information in the exclusions section of your benefit booklet or you may contact your group administrator.

Specialty Drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis and rheumatoid arthritis. Specialty drugs covered under this prescription benefit are oral or injectable medications that may be self-administered.

Some members must obtain their specialty drugs from the Pharmacy Select Network as the preferred provider. If the preferred provider is not utilized you may be responsible for up to 100 percent of the drug cost. Select specialty generics and biosimilars may be available at a lower cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card.

Utilization Management

Your planis committed to supporting proper selection and use of drugs for its members. To help assure these goals are met, several programs have been developed to promote drug selection that encourages both cost-effectiveness and safety. Drugs requiring Prior Authorization or Step Therapy, or drugs with Dispensing Limits will be noted in the Therapeutic Class Drug List portion of the Prescription Drug List.

Step Therapy

Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the step therapy program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. If step therapy is required for a drug listed in this document, it will be noted next to the drug with a dot under the step therapy column.

Prior Authorization

Your benefit plan may require prior authorization for certain drugs that have the potential for misuse. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the drug will be covered under your plan. If prior authorization is required for a drug listed in this document, it will be noted next to the drug with a dot under the prior authorization column.

Dispensing Limits

Drug dispensing limits help encourage drug use as intended by the FDA. Dispensing limits are placed on drugs in certain categories for safety reasons. For the drugs listed in this document, if a dispensing limit applies, it will be noted next to the drug with a dot under the dispensing limits column.

Limits may include: quantity of covered drug per prescription and/or quantity of covered drug in a given time period. If your doctor prescribes a greater quantity of drug than what the dispensing limit allows, you can still get the drug. However, you will be responsible for the full cost of the prescription beyond what your coverage allows or your doctor will need to submit a request for an exception to the dispensing limit. If a dispensing limit applies for a drug listed in this document, it will be noted next to the drug with a dot under the dispensing limit column.

Limited Distribution Drugs

Limited distribution drugs have a restriction on which pharmacies have access to and can dispense those drugs, thereby limiting where the member may obtain the prescription. Members may be required to use the Pharmacy Select Network or other pharmacy for limited distribution prescription drugs.

Notice

The purpose of the NetResults 1.0 Four Tier Prescription Drug List is to provide a guide to coverage. This NetResults 1.0 Four Tier Prescription Drug List is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Abbreviaiton 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