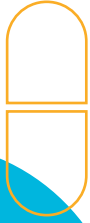


Are your prescription medicines covered by your health plan?



If you use a non-covered drug, you may pay the full price.



Talk to your doctor about switching to one of the alternative drugs listed on the formulary.

NetResults 1.0 is your formulary—a list of covered drugs

Prime Therapeutics (Prime) is trusted by your employer or health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts work hard to make medicine more affordable for everyone.

NetResults 1.0 is the list of drugs covered by your health plan. It was designed to push back against today's high costs for medicine. NetResults 1.0 works by offering alternatives to more expensive drugs. This helps people get the right medicine at the best cost.

Some drugs will not be listed on the NetResults 1.0 formulary

If a drug is not on the formulary, it will not be covered by your health plan. This publication lists many of the non-covered drugs along with alternative drugs that are covered. The list is divided into four sections:

- 1 Non-covered with preferred alternatives**
Alternatives to non-covered drugs—potential options at better costs.
- 2 Standard non-covered drugs**
Lists reasons why these drugs are not covered.

Additionally, some health plans or groups may choose not to cover drugs for the following reasons:

- 3 Non-covered with over-the-counter alternatives**
For prescriptions drugs that have an effective medicine available from your pharmacy.
- 4 Non-covered due to high costs**
Safe, effective alternatives are available at lower costs.

The formulary guide represents changes (non-covered and covered alternatives) that may not be effective until January 1, 2018. The formulary is reviewed quarterly and changes are made to ensure clinical appropriateness of the formulary while giving members access to lower cost alternatives. Notifications are sent out each quarter to affected members of new non-covered drugs.

1 Non-covered with preferred alternatives

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Acne agents retinoids and retinoid like agents	ADAPALENE LOTION, amnesteem capsule, claravis capsule, DIFFERIN LOTION, myorisan capsule, RETIN-A MICRO PUMP GEL, TRETIN-X CREAM, zenatane capsule	ABSORICA CAPSULE, EPIDUO GEL, EPIDUO FORTE GEL, tretinoin cream, tretinoin gel	
Acne and rosacea agents	NORITATE, RHOFADÉ	metronidazole cream, metronidazole gel, metronidazole lotion, SOOLANTRA	MIRVASO
Allergic reaction (anaphylaxis) therapy	ADRENACLICK, AUVI-Q, EPINEPHRINE SOLUTION AUTO-INJECTOR (authorized generic of ADRENACLICK)	EPINEPHRINE SOLUTION AUTO-INJECTOR (authorized generic of EPIPEN and EPIPEN-JR), EPIPEN, EPIPEN-JR	
Antibiotics tetracyclines	ARESTIN, DORYX MPC, doxycycline hyclate DR, TARGADOX, VIBRAMYCIN SYRUP	doxycycline monohydrate, doxycycline hyclate, minocycline, ORACEA, SOLODYN, tetracycline	
Antivirals hepatitis B agents	VEMLIDY	VIREAD	
Antivirals hepatitis C agents	DAKLINZA, TECHNIVIE, VIEKIRA PAK, VIEKIRA XR, ZEPATIER TABLET	EPCLUSA, HARVONI, SOVALDI	
Asthma inhaled steroids	AEROSPAN, ALVESCO, PULMICORT	ARNUITY ELLIPTA, ASMANEX, FLOVENT, QVAR	
Asthma short-acting beta agonists	LEVALBUTEROL HFA, PROVENTIL, XOPENEX	PROAIR, PROAIR RESPICLICK, VENTOLIN	
Asthma/COPD combination agents	AIRDUO RESPICLICK, BEVESPI AEROSPHERE, UTIBRON NEOHALER	ADVAIR, ANORO ELLIPTA, BREO ELLIPTA, DULERA, FLUTICASONE/SALMETEROL (authorized generic of AIRDUO), STIOLTO RESPIMAT, SYMBICORT	COMBIVENT RESPIMAT
Asthma/COPD long-acting beta agonists	FORADIL, PERFORMOMIST NEB SOLUTION	BROVANA NEB SOLUTION, SEREVENT DISKUS, STRIVERDI RESPIMAT	ARCAPTA NEOHALER
Attention deficit hyperactivity disorder (ADHD)	ADZENYS XR-ODT, amphetamine/dextroamphetamine ER, APTENSIO XR, DAYTRANA PATCH, DYANAVAL XR SUSP, EVEKEO, METHYLPHENIDATE ER, QUILLICHEW, QUILLIVANT XR SUSP, RITALIN LA	amphetamine/dextroamphetamine, ADDERALL XR, armodafinil tablet, CONCERTA, dextroamphetamine solution, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, modafinil, VYVANSE	
Biologic agents: plaque psoriasis and psoriatic arthritis	TALTZ	ENBREL, COSENTYX, HUMIRA, OTEZLA, SIMPONI, STELARA	
Biologic agents: rheumatoid arthritis	CIMZIA, KINERET	ENBREL, HUMIRA, SIMPONI	ACTEMRA, ORENCIA, XELJANZ
Bladder incontinence	darifenacin ER, GELNIQUE, TOVIAZ	MYRBETRIQ, oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium ER, VESICARE	
COPD inhaled anticholinergics	SEEBRI NEOHALER, TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT	

1 Non-covered with preferred alternatives (continued)

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Diabetes combination agents	ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, KAZANO, OSENI	glipizide/metformin, glyburide/metformin, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, KOMBIGLYZE, pioglitazone/metformin, SYNJARDY, SYNJARDY XR	GLYXAMBI, JENTADUETO, JENTADUETO XR, XIGDUO XR
Diabetes dipeptidyl peptidase (DPP-4) inhibitors	ALOGLIPTIN, NESINA	JANUVIA, ONGLYZA	TRADJENTA
Diabetes glucagon-like peptide-1 (GLP-1) agonists	ADLYXIN, BYETTA	TRULICITY, VICTOZA	BYDUREON, TANZEUM
Diabetes glucose test strips	Abbott (FreeStyle, Precision), Lifescan (OneTouch), Roche (Accu-Chek), Nipro (TRUtest, TRUtrack)	Bayer/Ascensia (Breeze, Contour)	
Diabetes insulin	AFREZZA, APIDRA, BASAGLAR, HUMALOG, HUMALOG MIX, HUMULIN 70/30, HUMULIN N, HUMULIN R	HUMULIN R U-500, LANTUS, LEVEMIR, NOVOLIN 70/30, NOVOLIN N, NOVOLIN R, NOVOLOG, NOVOLOG MIX, TOUJEO, TRESIBA	
Dry eyes	LACRISERT	RESTASIS, XIIDRA	
Fish oil	omega-3-acid ethyl esters capsule	VASCEPA	
Glaucoma ophthalmic prostaglandins	BIMATOPROST, RESCULA, TRAVOPROST, ZIOPTAN	latanoprost solution, LUMIGAN, TRAVATAN Z	
Glaucoma ophthalmic alpha 2 agonists and combinations	ALPHAGAN P, IOPIDINE SOLUTION	apraclonidine solution, brimonidine solution, SIMBRINZA	
Gout	COLCHICINE, MITIGARE	allopurinol, COLCRYS	ULORIC
Growth hormones	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN AQ, SAIZEN, SEROSTIM, ZOMACTON, ZORBTIVE	OMNITROPE	
Inflammatory bowel agents	APRISO, DIPENTUM, GIAZO, UCERIS	ASACOL HD, balsalazide capsule, CANASA SUPPOSITORY, DELZICOL, LIALDA, mesalamine enema, MESALAMINE DR TABLET, PENTASA, sulfasalazine tablet	
Laxatives	COLYTE, GOLYTELY, KRISTALOSE POWDER, MOVIPREP, OSMOPREP TABLET, PREPOPIK, RELISTOR	gavilyte-g solution, LINZESS, peg 3350/electrolytes solution, peg-3350/nacl/na bicarbonate/kcl solution	AMITIZA, MOVANTIK, TRULANCE, SUPREP
Migraine products: triptans	ONZETRA XSAIL NASAL, ZECUITY PATCH, ZEMBRACE SYMTOUCH, ZOMIG NASAL	naratriptan, rizatriptan, SUMATRIPTAN NASAL, SUMATRIPTAN SYRINGE, sumatriptan tablet, zolmitriptan	SUMAVEL DOSEPRO
Multiple sclerosis	EXTAVIA, ZINBRYTA	AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, PLEGRIDY, REBIF, TECFIDERA	AMPYRA
Ophthalmic anti-infectives	AZASITE, BESIVANCE, CILOXAN OINTMENT, MITOSOL, ZIRGAN	BACITRACIN OINTMENT, ciprofloxacin solution, erythromycin ointment, gentamicin solution, MOXEZA, moxifloxacin solution, ofloxacin solution, tobramycin solution	TOBEX OINTMENT

1 Non-covered with preferred alternatives (continued)

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Ophthalmic steroids	DUREZOL, FML FORTE, FML OINTMENT, PRED MILD	ALREX, DEXAMETHASONE SOLUTION, fluorometholone suspension, LOTEMAX, prednisolone suspension	
Otic anti-infectives, steroids and combinations	CIPRO HC	CIPRODEX, neomycin/polymyxin/hydrocortisone solution, neomycin/polymyxin/hydrocortisone suspension, ofloxacin solution	
Ovulatory stimulants	BRAVELLE, CHORIONIC GONADOTROPIN, GONAL-F, NOVAREL	FOLLISTIM AQ, OVIDREL	MENOPUR
Pancreatic enzymes	PANCREAZE, PANCRELIPASE, PERTZYE, ULTRESA, VIOKACE	CREON, ZENPEP	
Sleep aids: melatonin receptor agonists	ROZEREM	eszopiclone, zaleplon, zolpidem, zolpidem ER, zolpidem sublingual tablet	BELSOMRA, SILENOR
Testosterone products	ANDRODERM, AVEED, FORTESTA, NATESTO NASAL, STRIANT, TESTIM, VOGELXO	ANDROGEL, testosterone gel, testosterone cypionate solution, testosterone enanthate solution	
Topical agents for actinic keratosis (AK)	FLUOROPLEX, FLUOROURACIL CREAM (0.5%), PANRETIN, TARGRETIN, TOLAK	CARAC, diclofenac gel (3%), fluorouracil cream (5%), imiquimod cream, fluorouracil solution (2%, 5%), PICATO, VALCHLOR, ZYCLARA	
Topical agents for atopic dermatitis	EUCRISA	ELIDEL, tacrolimus ointment, triamcinolone cream, triamcinolone ointment	
Topical antiinflammatory agents	FLECTOR PATCH	diclofenac gel (1%), diclofenac solution (1.5%)	PENNSAID SOLUTION (2%)
Topical retinoids	FABIOR FOAM	TAZORAC	
Ulcer drugs, proton pump inhibitors	ACIPHEX, esomeprazole, lansoprazole, PREVACID SOLUTAB, PRILOSEC POWDER PACKET, PROTONIX POWDER PACKET, rabeprazole	NEXIUM POWDER PACKET, omeprazole capsule, pantoprazole tablet	DEXILANT
Vaginal estrogen products	yuvafem tablet	ESTRACE CREAM, VAGIFEM TABLET	ESTRING RING, FEMRING RING, PREMARIN CREAM
Vaginal progestin products	ENDOMETRIN	CRINONE GEL	

2 Standard non-covered drugs

Other standard non-covered drugs strategies

Rationale

Brand drug, when generic equivalent is available
(e.g., ACTOS, CRESTOR, NEXIUM)

Brand name medications are not covered when a generic equivalent product is available. Please talk to your doctor or pharmacist about a generic version of your medication.

Bulk Powders
(e.g., testosterone powder)

Compound drugs are prepared by mixing ingredients together to create an individualized medication for a specific patient. A common ingredient in compounds are bulk powders. Bulk powders are not approved by the Food and Drug Administration (FDA). Drugs marketed without required FDA approval may not meet standards for safety, effectiveness and quality. Therefore, bulk powders are not covered under your drug benefit. Please talk to your doctor or pharmacist about FDA-approved drugs available for your condition.

Drugs deemed not safe and/or effective
(e.g., carisprodol, KETEK, ZYFLO)

These medications have been determined not safe or not effective by Prime's Pharmacy and Therapeutics Committee. Please talk to your doctor or pharmacist about other medications available for your condition.

General exclusions

These products are no longer covered under your drug benefit. These products may not be covered because they are not appropriate for retail use, used for cosmetic purposes, not available as a prescription, or require healthcare administration. However, these products may be available over-the-counter or through your medical benefit. Please talk to your doctor or pharmacist about other medications available for your condition.

Institutional packs

These medications are no longer covered through your drug benefit because it is packaged for use or redistribution by an institution (e.g. hospital). Institutional packs are not intended for use or sale outside of an institution. Please talk to your doctor or pharmacist about a version of your medication that is packaged for use outside of an institution.

Non-FDA approved medications

These medications are no longer covered under your drug benefit because they are not approved as a drug by the Food and Drug Administration (FDA). Medications marketed without required FDA approval may not meet standards for safety, effectiveness and quality. Please talk to your doctor or pharmacist about FDA-approved medications available for your condition.

Repackaged medications

Repackaged products are not covered. Please talk to your pharmacist about a version of your medication that is not repackaged.

3 Non-covered with over-the-counter alternatives

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Acne agents: retinoids and retinoid-like agents	adapalene cream, adapalene gel, adapalene pump gel	Talk to your pharmacist or doctor about over-the-counter options. The following prescription alternatives are available: tretinoin cream, tretinoin gel.	
Nasal steroids	BECONASE AQ, budesonide nasal, flunisolide nasal, mometasone nasal, OMNARIS, QNASL, triamcinolone nasal, VERAMYST, ZETONNA	Talk to your pharmacist or doctor about over-the-counter options. The following prescription alternative is available fluticasone nasal.	
Ophthalmic antiallergic agents	ALOCRIL, ALOMIDE, BEPREVE, EMADINE, epinastine solution, LASTACAPT	Talk to your pharmacist or doctor about over-the-counter options. The following prescription alternatives are available: azelastine solution, PAZEO.	
Topical antivirals	acyclovir ointment, DENAVIR, XERESE, ZOVIRAX	Talk to your pharmacist or doctor about over-the-counter options.	
Ulcer drugs: H2 antagonists	cimetidine solution, cimetidine tablet, famotidine suspension, famotidine tablet (20 mg), nizatidine capsule, NIZATIDINE SOLUTION, ranitidine capsule, ranitidine tablet (150 mg)	Talk to your pharmacist or doctor about over-the-counter options. The following prescription alternatives are available: famotidine tablet (40 mg), ranitidine syrup, ranitidine tablet (300 mg)	

4 Non-covered due to high costs

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Acne agents: retinoids and retinoid like agents	tretinoin microsphere gel	tretinoin cream, tretinoin gel	
Acne and rosacea agents: topical antibacterials and combinations	ACZONE, clindamycin foam, clindamycin/tretinoin gel, erythromycin/benzoyl peroxide gel, VELTIN	ACANYA, clindamycin gel, clindamycin lotion, clindamycin solution, ONEXTON, tretinoin cream, tretinoin gel	CLINDAGEL
Alzheimer's agents	NAMENDA XR, NAMZARIC	donepezil, memantine tablet, memantine solution	
Anticonvulsants	BRIVIACT, GRALISE, HORIZANT, OXTELLAR XR	gabapentin, lamotrigine, levetiracetam, LYRICA, oxcarbazepine, topiramate	
Antidepressants	APLENZIN, FORFIVO XL, KHEDEZLA	bupropion SR, bupropion XL, desvenlafaxine ER, duloxetine, venlafaxine, venlafaxine ER	
Antidepressants: miscellaneous agents	BRISDELLE, fluoxetine (generic SARAFEM)	fluoxetine, paroxetine	
Atopic dermatitis	DUPIXENT	ELIDEL, tacrolimus oint, triamcinolone cream, triamcinolone ointment	
BPH/enlarged prostate	CARDURA XL, RAPAFLO	alfuzosin ER, tamsulosin	
Corticosteroids	DEXPAK, EMFLAZA, LOCORT, ZONACORT	dexamethasone, hydrocortisone, methylprednisolone therapy pack, prednisolone solution, prednisone	RAYOS
Diabetes: biguanides	metformin ER modified release (generic GLUMETZA)	metformin, metformin ER	GLUMETZA
Diabetes: thiazolidinediones (TZD)	AVANDIA	pioglitazone	
Glaucoma: ophthalmic beta blockers and combinations	BETIMOL, BETOPTIC-S, COMBIGAN, COSOPT PF, ISTALOL, TIMOPTIC OCUDOSE	betaxolol solution, carteolol solution, dorzolamide/timolol solution, levobunolol solution, timolol solution, timolol gel	
Gout	ZURAMPIC	allopurinol, COLCRYS	ULORIC
High blood pressure: beta blockers	COREG CR, DUTOPROL, HEMANGEOL SOLUTION, INDERAL XL, INNOPRAN XL, SOTYLIZE SOLUTION	atenolol, bisoprolol, carvedilol tablet, metoprolol, PROPRANOLOL SOLUTION, propranolol tablet	BYSTOLIC
High blood pressure: direct renin inhibitors and combinations	TEKTURNA, TEKTURNA HCT	enalapril, lisinopril, irbesartan, losartan, valsartan	
High cholesterol	ALTOPREV, ezetimibe/simvastatin tablet	atorvastatin, ezetimibe, lovastatin, pravastatin, rosuvastatin, simvastatin	LIVALO
Irritable bowel syndrome (IBS)	alosetron	VIBERZI, XIFAXAN 550 mg	
Muscle relaxants	AMRIX, LORZONE	baclofen, cyclobenzaprine, metaxalone, methocarbamol, tizanidine	
Ophthalmic nonsteroidal anti-inflammatory agents (NSAIDS)	ACUVAIL, NEVANAC, PROLENSA	bromfenac solution, diclofenac solution, flurbiprofen solution, ketorolac solution	BROMSITE, ILEVRO

4 Non-covered due to high costs (continued)

Drug class	Non-covered	Generics and preferred brand alternatives	Non-preferred brand alternatives
Ophthalmic steroid combinations	TOBRADEX ST	neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, sulfacetamide/prednisolone solution, tobramycin/dexamethasone suspension	TOBRADEX OINTMENT, ZYLET
Opioid antidote	EVZIO	naloxone solution, NARCAN NASAL	
Opioid dependence agents	BUNAVAIL, ZUBSOLV	buprenorphine sublingual tablet, buprenorphine/naloxone sublingual tablet, SUBOXONE FILM	
Otic anti-infectives, steroids and combinations	OTOVEL	CIPRODEX, neomycin/polymyxin/hydrocortisone solution, neomycin/polymyxin/hydrocortisone suspension, ofloxacin solution	
Pain narcotic analgesics	ABSTRAL SUBLINGUAL, BELBUCA FILM, BUPRENORPHINE PATCH, EMBEDA, FENTORA, HYSINGLA ER, KADIAN, LAZANDA NASAL, OPANA ER, OXAYDO, SUBSYS LIQUID, ZOHYDRO ER	fentanyl patch, hydromorphone, morphine ER, oxycodone, OXYCONTIN	XTAMPZA XR
Pain tramadol/tapentadol	CONZIP, NUCYNTA, TRAMADOL ER CAPSULE	NUCYNTA ER, tramadol, tramadol ER tablet	
Pain NSAIDS	SPRIX NASAL	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet	
Topical antifungals	ECOZA, ERTACZO, EXELDERM, EXELDERM, ketoconazole foam, ketodan foam, LUZU, NAFTIN, OXISTAT, XOLEGEL	ciclopirox nail lacquer, ciclopirox cream, econazole cream, JUBLIA, KERYDIN, ketoconazole cream, ketoconazole shampoo, oxiconazole cream	
Topical anti-itch	DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	betamethasone valerate cream, betamethasone valerate ointment, tacrolimus ointment, triamcinolone cream, triamcinolone ointment	
Topical steroid combination products	calcipotriene/betamethasone dipropionate ointment	ENSTILAR FOAM, TACLONEX SUSPENSION	
Ulcer therapy combinations packs	lansoprazole/amoxicillin/clarithromycin, OMECLAMOX-PAK, PYLERA	amoxicillin, clarithromycin, metronidazole, omeprazole, pantoprazole, tetracycline	



About Prime Therapeutics

We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make your medicine more affordable and your experience easier.

NetResults 1.0 **October 2017**

This list may not be all inclusive. This list is subject to change.

New-to-market products and variations of those products will not be added to this formulary until they have been evaluated and approved by Prime Therapeutics.

Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this formulary information.

Additional restrictions may apply.

Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative.

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