

# Drug Formulary

What it Tells You...  
...and What it Doesn't

## What your drug formulary WILL tell you



Each medicine considered to be **covered**



“Tier” that it is placed on



Indicators for use (called utilization management):

- Prior Review/Prior Authorization (PA)
- Quantity Limitations (QL)
- Restricted Access or Step Therapy (ST)
- Specialty Drugs
- Specific dosage, forms and or strength limitations



A “legend” to **identify** specific abbreviations and markers



Assume delivery via an **in-network pharmacy provider** within your plan, whether retail/local, mail-order or specialty pharmacy



Information may actually be contained on **numerous ‘lists’**



Medications considered a preventive medication when prescribed in connection with preventative benefits - **no cost**

## What your drug formulary will NOT tell you



Actual cost of that medication when **filled at a pharmacy**



Your exact **out-of-pocket responsibility** related to that tier of the drug



Information on your **pharmacy deductible**



**Brand-name** alternative or **generic** alternatives



Cost variance of mail order vs retail pharmacy



**Alternatives** to your medication



List of medicines **outside** of the formulary and **not covered**



Anything related to **over-the-counter** medications



Medications connected to **plan exclusions** (cosmetic use, sexual problems, weight loss)