



Drug Formulary Legend

- Tier 1 First-tier drugs generally have the lowest cost-share.
- Tier 2 Second-tier drugs will have a higher cost-share than first-tier drugs.
- Tier 3 Third-tier drugs will have a higher cost-share than second-tier drugs.
- Tier 4 Fourth-tier drugs will have a higher cost-share than third-tier drugs. Normally are specialty medications.
- NC Not covered
- OTC Over-the-counter
- PA Prior authorization
- QL Quantity Limit
- ST Step therapy
- PS Preferred specialty
- HCR Health Care Reform products
- AL Age limit
- GL Gender limit
- C Custom

Drug Formulary Definitions

- Tier 1** First-tier drugs generally have the lowest cost-share. This tier will contain low-cost or preferred medications. This tier may include generic, single- source brand drugs, or multisource brand drugs.
- Tier 2** Second-tier drugs will have a higher cost-share than first-tier drugs. This tier will contain preferred medications that generally are moderate in cost. This tier may include generic, single-source, or multi-source brand drugs
- Tier 3** Third-tier drugs will have a higher cost-share than second-tier drugs. This tier will contain non-preferred or high cost medications. This tier may include generic, single- source brand drugs, or multi-source brands drugs.
- Tier 4** Fourth-tier drugs will have a higher cost-share than third-tier drugs. This tier will contain specialty medications. This tier may include generic, single-source brand drugs, or multi-source brands drugs.
- NC** The listed drug is not covered on the drug formulary. The member has the right to still use the drug but the health plan will not contribute payment.
- PA** These drugs require a prior authorization before they will be covered by the plan. Prior Authorization means you must meet certain criteria to get coverage for a drug.
- ST** Step therapy indicates that other drugs must be tried and failed before the drug will be approved. This means you need to try a different drug before the step therapy drug.
- QL** These drugs have special limits allowed in the monthly quantity filled. These limits are based on standards of care and FDA guides.
- OTC** These medications are “over the counter” drugs that are available with a valid prescription.
- SP** Indicates that the drug is available through the specialty pharmacy program.
- GL** Gender limit indicates that the drug is restricted to a single gender.
- AL** Age limit drugs are only covered if you meet the minimum or maximum age limit.
- HCR** Health Care Reform drugs are covered at 100% with no cost to the member.
- PS** Preferred specialty drugs must be obtained through our specialty pharmacy vendor.
- C** Custom drugs will have unique restrictions.