



## Drug Formulary Q&A

### **What is a Drug Formulary?**

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. A formulary may also be referred to as a drug list. It is managed by a Pharmacy Benefit Manager, Magellan Health Solutions.

### **Can the Drug Formulary change?**

Although infrequent, changes can be made after careful review and approval of the Pharmacy and Therapeutics Committee. Members impacted by a change are provided with a 90-day advance notice to allow time for physician consultation.

### **How do I use the Drug Formulary?**

Found online at AlliantPlans.com on the right hand-tool bar under "Quick Resources" there is a link titled "Rx Formulary Lists". Clicking on this link will bring you to the "Formulary Link" page. You may arrive at this Formulary List page in other ways while under major tabs such as Members, Employers or Brokers on the right side under "Featured Services" and clicking "Formulary List".

On the "Formulary List" page there are several options to help navigate the formulary.

- 2018 Formulary Legend and Definitions List
  - Defines the various cost-share tiers
  - Describes various acronyms that are associated with a formulary
- Magellan Formulary
  - Comprehensive alphabetical list of drugs on the formulary
  - Cost-share tiers
  - Additional information such as quantity limits, etc.
- Magellan Formulary Look-up Tool
  - Ability to search for drugs by name or class
    - After the drug is located, additional information is available by clicking on the magnifying glass symbol. This will give you details about how to use the medication, possible side effects and more.
    - There is also a link to "Find Alternative Drugs".
  - Printable PDF of the formulary

### **What is a generic drug?**

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as a brand name drug. A generic drug is identical, or bioequivalent to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although chemically identical to their branded counterparts, generics are typically available at substantial discounts compared to branded price. Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications



- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

**Do I have to use generics?**

When both a brand-name and generic are available, it is generally up to the member to make the choice. Many pharmacies fill prescriptions with generics unless instructed to do otherwise. In most cases, filling a prescription with a brand drug versus a generic will require additional cost-share.

**Are there any restrictions in my drug coverage?**

Some drugs on the Formulary have additional requirements or limits. These requirements may include:

**Prior Authorization:** This requires the prescribing doctor to get a prior authorization (PA) for certain drugs. Prior Authorization means certain criteria must be met to be approved. Prior authorization rules are noted on the formulary. Prior authorization is usually used where:

- The drug is not used for your diagnosed health condition or for certain use.
- The dose is higher than what is usually expected.
- There are other drugs that should be tried first; known as step-therapy.
- The drug can be misused / abused.

**Quantity Limits (QL):** For certain drugs, the amount of the drug for which Alliant Health Plans will pay is limited. For example, 30 tablets, per 30 days, per a prescription for Crestor. Quantity limits are shown on the formulary. You are covered for up to the amount posted. These limits are based on standards of care and FDA guides. Exception requests are available.

**Step Therapy (ST):** Certain drugs on the formulary require other drugs be first tried to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless try Drug A is used first. There may be several drugs that must be first used to achieve consideration of the final drug prescribed.

**Specialty Pharmacy Drugs (S):** Some medications require special handling processes and are limited in availability. A Specialty Pharmacy is oftentimes used to fill these types of medications. These drugs are identified on your Drug Formulary by the letter **S**.

**What are some examples of drug restrictions on the Drug Formulary?** Below are some examples of drug names, special codes, tiers and drug categories. The Special Code indicates a restriction or additional drug requirement.

(This reference is for example only.)

Drug Name	Special Code	Tier	Category
ACTEMRA SC INJ	S-PA-QL	4	ANALGESICS ANTINFLAMMATORY
ADCIRCA TAB	S-PA-QL	4	CARDIOVASCULAR AGENTS MISC.
TRINTELLIX	ST	3	ANTIDEPRESSANT
SUMADAN KIT	NC	NC	DERMATOLOGICALS
VARUBI TAB	S-PA-QL	4	ANTIEMETICS



(See Drug Formulary Abbreviations for definitions of codes and tiers.)

### **What other common limits may apply?**

Other common benefit limits may include:

- Charges for supplies and medicines with or without a prescription, unless covered
- Charges for prescription drugs which require prior authorization
- Charges for cosmetic drug treatments
- Non-FDA approved prescriptions
- Over-the-counter drug items, except those covered on the formulary
- Charges for supplies and medicines purchased from a non-network pharmacy
- Drugs recently approved by the FDA until reviewed for the formulary

### **What if my drug isn't on the Formulary?**

You should contact the Pharmacy Benefit Mangers customer service at 1-866-333-2757 to ask if your drug is covered. If the drug is not covered by your plan, there are two options:

- You can ask for a list of similar drugs that are covered and ask your physician to prescribe a covered drug.
- You can ask for an exception and cover your drug. (See below about how to request an exception.)

### **How do I request an exception to the Drug Formulary?**

There are several types of exceptions that you may make:

- You can ask us to cover a drug that is not on the Formulary.
  - If approved, this drug will be covered at a pre-determined cost-sharing level.
- You may ask to lower the cost-sharing level of a covered drug, as long as it doesn't appear on the Specialty drug list.
  - If approved, this could lower your cost-share amount.
- You can ask to waive coverage restrictions or limits on a covered drug.

### **How can I save money on my drugs?**

Ask your doctor if there are any lower cost generic alternatives available for any of your current medications. If your medication is not covered on the Drug Formulary list, talk with your doctor about alternative medications which are covered on the Drug Formulary list.