

Drug Formulary

What are the restrictions?

There are three common restrictions on a drug formulary.

Step therapy

Requires you to first try an equally safe and effective drug that is cheaper before you are allowed to get a more expensive medication.

Prior authorization

Requires your doctor to obtain authorization from your health insurance provider before they will pay for your medication.

Quantity Limits

Puts a limitation on the amount of a particular drug you can get in a period of time.

What do the different tiers mean?

Each tier represents a level of cost that you are required to pay for that medication. The number of tiers varies by formulary.

What drugs are covered on the drug formulary?

Drug Formularies typically include a combination of Food and Drug Administration approved generic drugs and brand-name drugs.

What are brand-drugs?

A brand-name drug is a newer medicine that has been discovered, developed and marketed by a pharmaceutical company. Once a new drug has been discovered a patent is filed on it that prevents a rival company from creating a generic version for up to 20 years.

What are generic drugs?

Generic drugs are identical to brand-name drugs in active ingredients, dosage, safety, strength, quality, performance and intended use. They are sold at substantial discounts compared to their brand-name counterparts.

Are all drug formularies the same?

No. Each health insurance provider has its own drug formulary.

Who decides what goes on a drug formulary?

Each health insurance provider uses an independent panel of experts to choose which drugs will go on the formulary. This is known as a pharmacy and therapeutics committee. The committee is made up of pharmacists, physicians and other clinical experts.

Where can I get a copy of my drug formulary?

You can find a copy of your drug formulary on your health provider's website. You can also call your health provider directly and request that a printed copy of your drug formulary be mailed to you.