

A Formulary is a list of drugs that are covered or are eligible for coverage. Please note there are several Drug Formularies. **To find which formulary applies to your benefit plan:** look under *Health Insurance / Your Benefit Information / Plan Finder* and enter your plan number.

If your drug name is displayed in all capital letters, it is a branded product. Lowercase drug names are the generic equivalents. Behind the drug name there may be Special Codes listed. There is a key to define special codes within the Formulary, but here are some of the more common ones:

- **ST** identifies drugs subject to Step Therapy, which means that drug will be covered only after other drugs are tried and failed.
- **PA** means that drug requires Prior Authorization to be covered.
- **MSP** means the drug is in the Mandatory Specialty Program: if covered it must be obtained from a designated Specialty Pharmacy.
- **QL** means that drug is subject to Quantity Limits.

Please note there should also be a Tier listed. If you plan has co-payments for prescriptions, the Tier tells you which level of copay you are responsible for. We can't show exact copay amounts on the Formulary since numerous plans with different copays could use the same Formulary. Your plan's Benefit Summary will list your copay amounts for each tier.

**To find your Benefits Summary:** look under *Health Insurance / Your Benefit Information / Plan Finder*.

An example of a formulary page showing Special Codes and Tiers:

GHC-SCW 3-Tier Complete Formulary			
Alphabetical Index			
Last Updated* 9/1/16			
Drug Name	Special Code	Tier	Category
calcitriol inj (CALCIJEX equiv)	MSP-PA	MSP	ENDOCRINE AND METABOLIC AGENTS
clobetasol shampoo (CLOBEX SHAMPOO equiv)	PA	2	DERMATOLOGICALS
celecoxib cap (CELEBREX equiv) (QL = 2 caps/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
DEXILANT CAP (QL=2 cap/day; Step Therapy requires trial of lansoprazole, omeprazole, or pantoprazole)	QL - ST	2	ULCER DRUGS

