

## Drug Formulary Legend and 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.

**SP Tier** This tier will contain specialty medications. This tier may include generic, single-source brand drugs, or multi-source brands drugs.

- Indicates that there are no special requirements for the drug.

**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.

**M** These drugs are normally billed through the health insurance's medical benefit

**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.

**SF** Split fill. These are drugs that are filled for 15 day periods at a time for the first 3 months. This is because the drugs have high discontinuations at the start of therapy due to side effects.

**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.

**LD** These drugs have a limited distribution and are only available from specific pharmacies.

**MSP** Mandatory Specialty Pharmacy drugs must be filled through the specialty pharmacy.

**QL** These drugs have special limits allowed in the monthly quantity filled. These limits are based on standards of care and FDA guides.

**SMKG** These drugs are part of the mandated coverage for smoking cessation.

**VAC** This indicates coverage of vaccines that are covered through the pharmacy benefit.

**LMSP** These drugs must be obtained through the Lumicera Specialty Drug Program.

**OTC** The medications are "over the counter" drugs that are available with a valid prescription.

**RS** These medications are only allowed to be prescribed by specialist doctors.

**SP** Indicates that the drug is available through the specialty pharmacy program.

**INF** Infertility drug