

## 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

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
    - Provides free language services to people whose primary language is not English, such as:
      - Qualified interpreters
      - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: [Compliance@AlliantPlans.com](mailto:Compliance@AlliantPlans.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

