**What are the restrictions?**

*There are some 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.

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**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 (FDA) approved generic drugs and brand-name drugs.

**What are brand-name 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.