

Formulary Management



Under your prescription drug plan, your medication may be a brand name or a generic alternative. Your prescription drug plan also includes a formulary. At its most basic level, formularies are lists of drugs, generic and brand name, which offer the greatest overall value to plan participants.

Medications indicated on the formulary list are typically grouped into three tiers: generic, preferred brand and non-preferred brand. Formulary management enables you and your physician to choose clinically appropriate and cost-effective drugs for specific conditions. The tier your medication is in determines your portion of the drug cost. Medications not on the formulary list are not covered by the Plan.

Each drug included on the formulary is approved by the Food and Drug Administration (FDA) and reviewed by an independent group of doctors and pharmacists for safety and effectiveness. The Plan's Formulary is provided by your Pharmacy Benefits Manager (PBM), Express Scripts Inc. (ESI).

The Plan's formulary is updated periodically, and you can find the most updated formulary information by logging on to mycbs.org/health. The list is not all-inclusive and does not guarantee coverage as it is subject to change. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

In the event that your medication is removed from the formulary, you will be notified well in advance and informed of other drugs available to you in the same therapeutic class.

The Pharmacy Benefits Manager may remind your doctor when a formulary medication is available as a possible alternative for a drug that is not on your formulary. This may result in a change in your prescription. However, your doctor will always make the final decision on your medication.



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