

Standard (Closed) Formulary

1. What is the Sentara Health Plans Standard Formulary?

Simply, a drug formulary is a list of generic and brand name drugs that are offered through your health plan coverage. The Sentara Health Plans Standard Formulary, sometimes called a 'closed formulary' means your health plan includes coverage for specific prescription medications that would be identified by physicians for unique healthcare needs. In addition, our formularies are maintained and evaluated by our Pharmacy and Therapeutics Committee that is made up of expert network physicians and pharmacists. The Pharmacy and Therapeutics Committee reviews medical literature and consults with medical specialists to identify drugs that work just as well as drugs not included on the Standard Formulary.

2. How can I access the standard formulary list?

The standard formulary is available at sentarahealthplans.com/members, and can be accessed in three ways on our website:

- Click on *Sign In* at the top right corner to log into your account, then scroll down and click on either *Pharmacy Resources*. Once on that page, select *Continue* which will connect you to Express Scripts. By logging in, you can view specific pharmacy coverage.
- On the homepage, click *Manage My Plan*, select *Prescription Drug Lists*, and then click *Employer Plans*. On this page select one of the *Standard Formulary* links. To view alternative drugs, select a *Pharmacy Alternative Drug List* (Note: Choose the specific formulary or alternative drug list for your employer group size).

- On the homepage, click the *Find Doctors, Drugs, and Facilities* tab, select the *Drugs and Medications* button, select your plan type, and choose the *Sentara Health Plans Standard Formulary* option from the drop-down menu to research medications.

3. What if my current prescription is no longer covered on the Sentara Health Plans Standard Formulary?

First, you should check with your prescribing physician to discuss the drug alternatives. A list of the drugs that were removed from the formulary, and their alternatives can be accessed at sentarahealthplans.com/members following the directions above mentioned.

4. What happens if my physician and I decide to utilize a prescription drug not on the standard formulary list?

If you and your prescribing physician choose to a prescription not offered on the standard formulary, the member is responsible for the total amount of the prescription cost as the drug is not covered.

5. Is there a process if a member is prescribed a medication on the standard formulary they cannot consume?

Yes! There is a Pharmacy/Medical Drug Necessity Request form that the prescribing physician can fill out if the medication is perceived not appropriate or a member has experienced an adverse reaction. The form can be located at sentarahealthplans.com/providers and click on the *Authorizations* tab and select *Drug Authorization Forms*.

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6. Why is my drug no longer covered on the standard formulary?

There are many reasons that several prescription drugs were removed from the Sentara Health Plans Standard Formulary. The list includes drugs that the the Pharmacy and Therapeutics Committee consider the best value for treating medical conditions. The drugs included are those considered to result in the lowest overall healthcare costs. Using drugs on the list can save you money and help keep your health care more affordable. Please note that prescription drugs not covered have alternatives on the list.

7. How can I request that a drug be added to the standard formulary?

To make a verbal request or obtain a drug formulary request form, prescribing physicians may contact the Sentara Health Plans pharmacy care services team at **757-552-7540** or **1-800-229-5522**.