

Standard Formulary FAQs

Q: What is the difference between the Optima Health Standard Formulary and the formulary my employer previously used?

A: The Optima Health Standard Formulary is a set list of prescription drugs that are covered under your employer group plan. A standard formulary is sometimes referred to as a 'closed formulary.' This is different from an open formulary in that some drugs not listed may be covered by the plan depending on the situation. The standard formulary includes drugs the Plan considers the best value for treating your medical condition.

Q: Where can members and providers access the standard formulary drug list?

A: For members, the formulary list is available at www.optimahealth.com/ohiohealthy. For providers, it is available at www.optimahealth.com/ohio under the Pharmacy section.

Q: What happens if my doctor and I decide to utilize a prescription drug that is not on the standard formulary drug list?

A: If you choose to remain on a prescription not offered on the standard formulary list, the member is responsible for the total amount of the prescription.

Q: Is there an alternative process in the case a member cannot take a particular prescription on the standard formulary?

A: There is a Pharmacy/Medical drug necessity request form that the prescribing physician can fill out if the prescribed drug is perceived not appropriate or a member has experienced an adverse reaction. The form is available here: <http://providers.optimahealth.com/ohio/Pages/drug-authorization-forms.aspx>

Q: Why is my drug no longer covered on the standard drug list?

A: There are many reasons that several brand name drugs were removed from the Optima Health Standard Formulary. The Plan uses a Pharmacy and Therapeutics Committee made up of network physicians and pharmacists to make decisions about what drugs are covered on the standard formulary list. It includes drugs that are considered the best value for treating medical conditions. The drugs included are not always the cheapest, but are those considered to result in the lowest overall healthcare costs. The drugs not covered have alternatives on the list. Using drugs on the list should save you money and essentially keeps your health care more affordable.

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Q: What does it mean that a drug is equivalent to another drug not on the drug list?

A: Optima Health uses a Pharmacy and Therapeutics Committee made up of network physicians and pharmacists to make decisions about what drugs are included on the Standard Formulary. The Committee reviews the medical literature and consults with medical specialists to identify drugs that work just as well as drugs not included on the Standard Formulary.

Q: How can I request that a drug be added to the standard formulary?

A: To make a verbal request or obtain a drug formulary request form, the prescribing doctor should call Optima Health Pharmacy Care Services at 1-757-552-7540 or 1-800-229-5522.

Q: What do I do if a current prescription that I am on is no longer covered on the Optima Health Standard Formulary?

A: First, you should check with your doctor to discuss the alternatives. A list of the drugs that were removed and their alternatives can be found on the Optima Health website. You can print this and take it to discuss with your doctor.