HCR Progressive

Key

Notes

$3-Copay = Beginning January 1, 2015, this medication may be eligible for a $3 copay depending on the Group's Plan. Contact Member Services for more information.

BE = This medication is not covered in Pennsylvania under the Health Care Reform Comprehensive and Health Care Reform Progressive Formularies for Individual Plans and may not be covered for Group Plans. Contact Member Services for more information.

EX = This medication is not covered in Pennsylvania or West Virginia under the Health Care Reform Comprehensive and Health Care Reform Progressive Formularies for Individual Plans and may not be covered for Group Plans. Contact Member Services for more information.

PA = Coverage of this drug is subject to review by the plan and is based on Pharmacy policy.

QL = Limits the amount of drug that a beneficiary may receive in a certain period.

QL = Limits the amount of drug that a beneficiary may receive in a certain period.

SP = To assist in the management of select specialty medications, some pharmacy benefit designs require the use of a preferred specialty pharmacy. Please call the number on the back of your member ID card for assistance.

Status
$0 = Preventative Medication
1 = Tier 1
2 = Tier 2
3 = Tier 3
4 = Tier 4
lowercase italics = Generic drugs
UPPERCASE = Brand name drugs
NF = Non-Formulary
Special Tier = Special Tier

SPT = This drug may incur a higher copay/coinsurance. Contact Member Services for more information.
ST = For a step therapy drug to be covered, the beneficiary will be first required to try a therapeutically equivalent medication.

Index