

SECTION I FORMULARY

PHARMACY COMMITTEE

The AAHP formulary is a listing of those drugs that have been approved by the Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is comprised of physicians in the community, our chief medical officer, and pharmacists. The committee meets quarterly to review our formulary and new pharmacy-related information. The items are listed by therapeutic category and indexed alphabetically.

OVERVIEW

AAHP covers both brand-name drugs and generic drugs. Some covered drugs may have additional prior authorization requirements or quantity limits. Any additional requirements or limits may be found in the formulary.

The formulary is available online at www.abrazoadvantage.com. Formulary changes and updates will be distributed through our network mailings and/or blast faxes. You may contact Network Management if you do not have access to the website and would like a copy mailed to your office.

EXCEPTIONS

Prior authorization for exceptions may be obtained by completing the pharmacy prior authorization form and faxing it to the pharmacy department. The pharmacy prior authorization form is available on our website or by contacting network management. Experimental drugs and non-FDA approved medications are not covered by AAHP. All exceptions will be reviewed by the pharmacy administrator and may be denied if an alternative drug is on the formulary and no documentation has been noted that alternatives have been tried.

LIMITATIONS

For Abrazo Advantage Plus members, prescriptions are usually limited to a 30-day supply. This limit is necessary because member eligibility can change monthly. Abrazo Advantage members, prescriptions are usually limited to a 90-day supply. For additional information, please contact Member Services or go to our website at www.abrazoadvantage.com.

CHANGE REQUESTS

A physician may complete a request for addition to the formulary by completing a formulary addition request. Please contact the pharmacy coordinator for further information.