

Partners for Health Prescription Drug Plan Performance Drug List (Formulary)

Jan. 1, 2024

What is the Performance Drug List, also known as the formulary?

- A list of drugs covered by the state of Tennessee Group Insurance Program's prescription drug plan. This list is called **Performance Drug List – Standard Control for Clients with Advanced Control Specialty Formulary for state of Tennessee**.
- In addition to the formulary, there is a list of medications that require prior authorization or that have step therapy or quantity limits before they will be covered by the insurance plan. This list is called **Prior Authorization, Step Therapy and Quantity Limit list**.

Where can I find the lists?

Visit info.caremark.com/stateoftn or by logging into [Caremark.com](https://caremark.com) and clicking on the *Plan & Benefits* tab. You will see Covered Drug Lists (Formulary) in the dropdown menu. However, to make it easier and to see other easy to view lists, go to info.caremark.com/stateoftn and scroll to the section labeled *Drug Lists*.

What do I do if my drug is in the Preferred Options section of the Performance Drug list?

- Ask your prescriber if you can use one of the preferred alternatives. If you can, get a new prescription for the preferred option or have your prescriber call in a new prescription to your network retail pharmacy or to CVS Caremark® Mail Service Pharmacy. (All specialty medications may only be filled at a pharmacy that participates in the state of Tennessee custom specialty pharmacy network.)

- Your prescriber may call CVS Caremark to request a prior authorization if your drug requires it. Some prescribers may be able to request PA electronically.
- CVS Caremark generally completes review of PA requests within 72 hours of receiving all necessary documentation.



What does this mean for you?

- If your drug requires prior authorization or has step therapy requirements and you do not receive a PA or your PA is denied or you do not first use a required medication before using another one that requires step therapy, you will have to pay the entire cost of the drug.
- If your PA is approved, you'll have to pay the non-preferred copay/coinsurance* for the drug. However, if you change to a preferred option, you'll pay the preferred copay/coinsurance, and this will save you money.

Why should I check the formulary?

- The **Performance Drug List** is updated quarterly. This list provides the most up-to-date list of preferred drugs.
- You'll always have the lowest out-of-pocket cost by using generic drugs¹, when available, or preferred brand-name drugs.

*Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

1. <https://www.fda.gov/drugs/generic-drugs/generic-drug-facts>. Accessed December 22, 2021.