
Weslaco ISD: Formulary Frequently Asked Questions (FAQ)

To help you get the most out of your pharmacy benefit, the following are some of the most commonly asked questions about the formulary.

What is a Formulary?

A formulary is a list of commonly prescribed medications preferred by American Health Care based on safety, effectiveness, and cost.

How do I use my Formulary?

When choosing a medication, you and your doctor should consult the formulary. It will help you and your doctor choose the most cost-effective prescription medications. If your medication is not listed on the formulary, please call American Health Care’s toll-free number on your ID card for coverage information.

When does the Formulary change?

- Medications may move to a preferred or lower cost tier when it’s appropriate at any time
- Medications may move to a non-preferred or higher cost tier as generic options becomes available.

Why are some medications excluded from coverage?

Medications may be excluded by your pharmacy benefit plan when there are other lower cost therapeutic alternatives or an over-the-counter (OTC) medication is available.

Why do some medications require a Prior Authorization?

Medications that require a Prior Authorization (or PA) usually require laboratory monitoring or may cause harm to patients due to side effects. Clinical pharmacists at American Health Care may request chart notes and laboratory information from your doctors for evaluation.

Why do some medications limit the amount of medication(s) covered per copayment or in a specific time period?

The quantity limits for some medications were designed based on the Food and Drug Administration (FDA) recommendations. If the maximum recommended dosage is exceeded, it may increase risks in experiencing side effects. Another medication may need to be added on instead of increasing the dose.

Why do some medication(s) require the use of other medications before they are covered?

Some medications require step therapy, which means a patient needs to try another medication before the requested medication will be covered. This is based on evidence-based literature and guidelines for each disease state for the purpose of ensuring that patients receive the most cost-effective treatment.