

## FREQUENTLY ASKED QUESTIONS

### AVMED FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) DRUG FORMULARY

#### 1. What is the AvMed Federal Employee Health Benefits (FEHB) Drug Formulary?

A drug formulary is a list of generic and brand-name drugs that are offered through your health plan coverage. The Federal Employee Health Benefits (FEHB) Drug Formulary for AvMed Health Plans is a “closed formulary,” meaning that your health plan includes coverage for specific prescription medications that would be identified by physicians for unique healthcare needs.

In addition, our formularies are maintained and evaluated by a Pharmacy and Therapeutics Committee made up of expert network physicians and pharmacists. The Pharmacy and Therapeutics Committee reviews medical literature and consults with medical specialists to identify drugs that work just as well as drugs not included in the formulary.

#### 2. How can I access the AvMed FEHB Drug Formulary?

The formulary is available and can be accessed through our Federal Employees webpage at [www.AvMed.org/Feds](http://www.AvMed.org/Feds) and through our homepage at [www.AvMed.org](http://www.AvMed.org):

- Federal Employees webpage
  - Visit [www.AvMed.org/Feds](http://www.AvMed.org/Feds) and scroll down to click on the *Medication Formulary* button to view the most current version of the formulary guidebook.
- AvMed homepage
  - Visit [www.AvMed.org](http://www.AvMed.org).
  - Click *Prescriptions* on the top menu.
  - Select *List of Covered Drugs* from the drop-down menu.
  - Scroll and click on *Health Plans Through Work*, then click on *Preferred Pharmacy Drug List for Federal Employee Members*.
  - This will open a new Federal Employees page, where you can scroll down to click on the *Medication Formulary* button to view the most current version of the formulary guidebook.

#### 3. What if my current prescription is no longer covered on the AvMed FEHB Drug Formulary?

You should first check with your prescribing physician to discuss the drug alternatives. If you and your prescribing physician choose a prescription that is not offered on the formulary, you are responsible for the total amount of the prescription cost as the drug is not covered by AvMed.

#### **4. Is there an exceptions process if a Member is prescribed a medication that is not covered, or the alternatives are not suitable?**

Yes! There is a *Pharmacy/Medical Drug Necessity Request Form* that the prescribing physician can fill out to indicate if the Member has experienced adverse reaction(s) to any of the available formulary alternatives, or, if the drug that is not covered is medically necessary. The completed form and required clinical documentation should be **faxed to 1-305-671-0200**.

The form can be accessed on our website [www.AvMed.org](http://www.AvMed.org) by following these steps:

- Click on *Providers* at the top right corner.
- Click on *Provider Tools* from the drop-down menu.
- Navigate to the menu on the left side and click *Forms*.
- Find and select *Pharmacy - Commercial*, then scroll until you find the *Medication Exception* section (bold sub-head).
- Click on *Pharmacy Medical Necessity Request Form*.

#### **5. What if I have difficulty accessing contraceptive coverage or other reproductive healthcare?**

If you need assistance requesting a medication exception for a non-formulary contraceptive, please **contact AvMed Health Plans at 1-800-882-8633**. If you have concerns about our plans' compliance with the requirements for coverage of oral contraception, please contact the U.S. Office of Personnel Management (OPM) at [Contraception@OPM.gov](mailto:Contraception@OPM.gov) or refer to the OPM's webpage about contraception at [www.OPM.gov/Healthcare-Insurance/Healthcare/Contraception-Coverage/](http://www.OPM.gov/Healthcare-Insurance/Healthcare/Contraception-Coverage/).

#### **6. Where can I stay informed of my reproductive rights?**

Please visit [www.ReproductiveRights.gov](http://www.ReproductiveRights.gov) to stay informed of your reproductive rights and healthcare.

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