

Prescription Program

Formulary — To be used by members who have a formulary drug plan.

For the most current version of this prescription drug formulary, please call 1 (877) 468-5279 or visit www.anthem.com.

Speech and hearing impaired (TDD/TTY users) should call 1 (800) 221-6915, Monday – Friday 8:30 a.m. – 5 p.m., Eastern time.

Please call the Member Services number on your ID card if you have additional questions about your prescription benefits.

KEY

Generic Medications

(lowest copay) – listed in all lower-case letters

Brand-name Medications

(middle copay) – listed with a leading capital letter

* – brand versions of these drugs are non-formulary (highest copay)

Drugs are listed alphabetically by brand name.

Anthem Blue Cross and Blue Shield's prescription drug plans include medications available on the Anthem formulary. Our prescription drug plans can offer potential savings when your physician prescribes formulary medications.

QUESTIONS AND ANSWERS

Q. *What is a formulary?*

A. The prescription drug formulary is a list of FDA-approved brand-name and generic medications that have been reviewed and recommended by a committee of practicing physicians and clinical pharmacists for their quality and effectiveness and approved by your health plan. Anthem has a formulary for most products, which means your copay is generally lower for generic and higher for brand medications on the formulary. The Anthem formulary includes brand-name and all generic medications unless there is a clinical reason for omission.

Brand-name

A brand-name drug is usually available from only one manufacturer and may have patent protection.

Generic

A generic drug has the same active ingredients as its brand-name counterpart, but is normally only available after the patent protection expires on a brand-name drug. Although it may look different, a generic drug works the same as its brand-name counterpart. You can save money by using generic medications whenever possible.

Q. *What if my medication is not on the formulary?*

A. An open formulary allows members and their physicians to choose from a wide variety of prescription medications. Please talk with your doctor about prescribing a formulary medication. If a non-formulary medication is selected, the member will be responsible for the applicable non-formulary copayment. You or your physician can submit a request to add a drug to the formulary either in writing or on our Web site. Requests will be taken into consideration by the Pharmacy and Therapeutics (P&T) Committee during the formulary review process. Please call the member services number on your ID card if you have questions.

This booklet contains the full list of medications available on the Anthem formulary, accurate as of January 1, 2008. Our Pharmacy and Therapeutics Committee makes recommendations to the plans for medications to be on the prescription drug formulary based on the drugs' quality and effectiveness.

Because the medications on the formulary are subject to periodic review, please ask your doctor about the most current formulary additions and deletions or visit www.anthem.com. Members without Internet access can call 1 (877) 468-5279.

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If you don't see your medication on the formulary, ask your physician or pharmacist for an appropriate alternative medication. Inclusion of a medication on the formulary is not a guarantee of coverage. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

A

A/T/S Topical Solution (erythromycin)*
 Abilify
 Accolate
 Accu-Check product line
 Accutane (isotretinoin)*
 Aci-Jel Jelly (acetic acid vaginal)*
 Actigall (ursodiol)*
 Activella
 Actonel
 ActoPlus Met
 Actos
 Adalat CC (nifedipine ER)*
 Adderall (amphetamine)*
 Adderall XR
 Advair
 Aerobid
 Aerobid M
 Agenerase
 Albalon (naphazoline)*
 Aldactazide (spironolactone/HCTZ)*
 Aldactone (spironolactone)*
 Aldara
 Aldomet (methyldopa)*
 Aldoril (methyldopa/HCTZ)*

Alesse (aviane)*
 Alkeran
 Allegra (fexofenadine)*
 Alphagan P
 Altace (ramipril)
 Alupent (metaproterenol)*
 Amaryl (glimepiride)*
 Ambien (zolpidem)*
 Amicar (aminocaproic acid)*
 amitriptyline
 amitriptyline/perphenazine
 Amoxil (amoxicillin)*
 Anafranil (clomipramine)*
 Anaprox, DS (naproxen sodium, DS)*
 Androderm
 Androgel
 Anexsia (hydrocodone/APAP)*
 Ansaid (flurbiprofen)*
 Antabuse
 Antivert (meclizine)*
 Anturane (sulfipyrazone)*
 Anusol HC 25mg Suppositories (hydrocortisone)*
 Apresazide (hydralazine/HCTZ)*
 Apresoline (hydralazine)*
 apri

Arava (leflunomide)*
 Aricept
 Arimidex
 Aristocort Topical (triamcinolone acetonide)*
 Armour Thyroid
 Aromasin
 Artane (trihexyphenidyl)*
 Asacol
 Asendin (amoxapine)*
 Asmanex
 Astelin
 Atarax (hydroxyzine HCL)*
 Ativan (lorazepam)*
 Atrovent HFA
 Atrovent (ipatropium bromide)*
 Augmentin (amoxicillin/clavulanic acid)*
 Auralgan (antipyrine/benzocaine)*
 Avandamet
 Avandaryl
 Avandia
 Axid (nizatidine)*
 Aygestin (norethindrone)*
 Azasan
 Azmacort
 Azopt
 Azulfidine, Entabs (sulfasalazine, EC)*

B

Bactrim, DS (Sulfamethoxazole/trimethoprim, DS)*
 Bactroban
 Benadryl (diphenhydramine 50 mg)*
 Bentlyl (dicyclomine)*
 Benzac, AC, W (benzoyl peroxide)*
 Benzagel, Wash (benzoyl peroxide)*
 Benzamycin (benzoyl peroxide/erythromycin)*
 Betagan (levobunolol)*
 Betimol
 Betoptic S
 Biaxin, XL (clarithromycin, er)*
 Bicitra (sodium citrate & citric acid)*
 BiDil
 Bleph-10 (sulfacetamide sodium solution)*
 Blephamide
 Brethine (terbutaline)*
 Bumex (bumetanide)*
 Buspar (buspirone)*
 Byetta

C

Cafergot (ergotamine/caffeine)*

Calan, SR (verapamil, SR)*
 Calciferol drops
 Canasa
 Capoten (captopril)*
 Capozide (captopril/HCTZ)*
 Carafate (sucralfate)*
 Carbatrol
 Cardene (nicardipine)*
 Cardizem (diltiazem)*
 Cardizem CD (diltiazem CD)*
 Cardizem SR (diltiazem SR)*
 Cardura (doxazosin mesylate)*
 cartia XT
 Casodex
 Cataflam (diclofenac potassium)*
 Catapres (clonidine)*
 Ceclor (cefaclor)*
 Ceclor CD (cefaclor er)*
 CeeNU
 Ceftin (cefuroxime)*
 Cefzil (cefprozil)*
 Celexa (citalopram)*
 Cellcept
 Cenestin
 Cephulac (lactulose)*
 Cetrotide
 Chloroptic Ointment (chloramphenicol)*

chloroquine
 chlorothiazide
 chlorpropamide
 chlorthalidone
 Chromagen (iron combination capsule)*
 Chronulac (lactulose)*
 Ciloxan Solution (ciprofloxacin)*
 Cipro (ciprofloxacin)*
 Ciprodex
 Cleocin (clindamycin)*
 Cleocin Vaginal Cream (clindamycin)*
 Cleocin-T (clindamycin)*
 Climara (estradiol)*
 Climara Pro
 Clindets (clindamycin)*
 Clinoril (sulindac)*
 Clomid (clomiphene)*
 Clozaril (clozapine)
 codeine sulfate
 Codiclear DH (guaifenesin/hydrocodone)*
 Codimal DH (phenyleph-
 pyrilamine w/
 hydrocodone)*
 Cogentin (benztropine)*
 Col-Probenecid (probenecid/
 colchicine)*
 Colazal
 colchicine
 Colyte (polyethylene glycol-electrolyte solution)*
 Combipres (clonidine/
 chlorthalidone)*

Combivent
Combivir
Compazine
Supp 25mg
(prochlorperazine
supp 25mg)*
Compazine Tab
(prochlorperazine)*
Comtan
Concerta
Condylox Solution
(podofilox solution)*
Cordarone
(amiodarone)*
Coreg (carvedilol)*
Coreg CR
Corgard (nadolol)*
Cortef
(hydrocortisone)*
Cortenema
(hydrocortisone
enema)*
Cortisporin Ophth
(bacitracin -
polymyxin/neomycin-
hc ophth oint)*
Cortisporin Otic
(neomycin/
polymixin/
hydrocortisone)*
Cosopt
Coumadin
(warfarin)
Cozaar
Creon
Crixivan
Crolom (cromolyn
sodium)*
Cuprimine
Cyclocort
(amcinonide)*
Cyclogyl
(cyclopentolate)*
Cylert (pemoline)*
cyproheptadine
Cytotec (misoprostol)*

Cytovene
(ganciclovir)*
Cytoxan
(cyclophosphamide)*
Cytra-2, Cytra-3
Cytra-K

D

Dalmane (flurazepam)*
Danocrine (danazol)*
Dantrium (dantrolene)*
Dapsone
Daraprim
Darvocet-N
(propoxyphene/
APAP)*
Darvon Compound
(propoxyphene/
aspirin/caffeine)*
Daypro (oxaprozin)*
DDAVP
(desmopressin
acetate)*
Decadron
(dexamethasone)*
Deconamine S.R.
(chlorpheniramine/
pseudoephedrine)*
Demadex
(torseamide)*
Demerol (meperidine)*
Demulen 28 day
(ethinyl estradiol/
ethynodiol
diacetate-zovia)*
Depakene
(valproic acid)*
Depakote, ER
Depo-Provera
150 mg (medroxy-
progesterone)*
Derma-Smoothe/FS
Desogen (apri)*
Desowen Cream
(desonide)*

Desquam, E, X
(benzoyl peroxide)*
Desyrel (trazodone)*
Detrol, LA
Dexedrine, CR
(dextroamphetamine)*
Dextrostat
(dextroamphetamine)*
Diabeta (glyburide)*
Diamox
(acetazolamide)*
Diastat
Dibenzylamine
Differin
Diflucan
(fluconazole)*
diflunisal
Dilacor XR
(diltiazem CR)*
Dilantin (phenytoin)
Dilaudid
(hydromorphone)*
diltia XT
Diovan
Diovan HCT
Diprolene Ointment
(betamet diprop/
prop gyl)*
Diprosone
(betamethasone
dipropionate)*
Disalcid (salsalate)*
Ditropan
(oxybutynin)*
Dolophine
(methadone)*
Domeboro (acetic
acid/aluminum
acetate)*
Donnatal
(belladonna/
phenobarbital)*
Dostinex
(cabergoline)*
Dovonex
Duac

Duetact
Duragesic
(fentanyl)*
Duratuss G
(guaifenesin SR)*
Duricef Caps/Tabs
(cefadroxil)*
Dyazide
(triamterene/HCTZ)*
Dynacin
(minocycline)*
Dynapen
(dicloxacillin)*

E

E.E.S. (erythromycin
ethylsuccinate)*
EC-Naprosyn
(naproxen EC)*
Econopred Plus 1%
Eye Drops
(prednisolone)*
Effexor
(velafaxine)*
Effexor XR
Efudex (fluorouracil)*
Eldepryl (selegiline)*
Elidel
Elimite
(permethrin)*
Elixophyllin
(theophylline syrup)*
Elocon
(mometasone)*
Emcyt
Empirin w/Cod
(asa/codeine)*
Emtriva
Endal HD
(phenyleph hcl/
hydrocod bit/cp)*
Entex PSE
(guaifenesin/
pseudoephedrine)*
Entocort EC

Epifrin
(epinephrine HCl)*
Epipen, JR
Epivir
Eryc (erythromycin
base)*
Erycette 2%
Pledgets
(erythromycin)*
Eryderm 2%
Topical Solution
(erythromycin)*
Erymax 2%
Topical Solution
(erythromycin)*
EryPed 200 Susp
(erythromycin
ethylsuccinate)*
Esgic
(acetaminophen/
caffeine/butalb)*
Eskalith, CR
(lithium)*
Estrace
(estradiol)*
Estraderm
Estring
Ethmozine
Eulexin
(flutamide)*
Evista
Evoxac
Exelon

F

Famvir
(famciclovir)*
Fansidar
Fast Take
Product Line
FazoClo ODT
Felbatol
Feldene
(piroxicam)*
Femara

Fem HRT
Fioricet (APAP/
caffeine/butalbital)*
Fiorinal (aspirin/
caffeine/butalbital)*
Fiorinal w/ Codeine
(butalbital compound
w/ codeine)*
Flagyl
(metronidazole)*
Flexeril
(cyclobenzaprine)*
Flomax
Flonase
(fluticasone)*
Florinef
(fludrocortisone)*
Flovent HFA
Floxin Otic
(ofloxacin)
Floxin tablet
(ofloxacin)*
Fluoroplex
fluvoxamine
FML Forte
FML Liquifilm
(fluorometholone)*
Folate (folic acid)*
Foradil
Fosamax
Fosrenol
Furadantin
Furoxone
Fuzeon

G

Gabitril
Gantrisin
Garamycin
(gentamicin)*
Gel-Kam Gel
(stannous fluoride)*
Geodon
Gleevec

Glucagon
 Glucophage (metformin)*
 Glucophage XR (metformin ER)*
 Glucotrol XL (glipizide XL)*
 Glucovance (glyburide/metformin)*
 Glynase PresTab (glyburide micronized)*
 Glyset
 Golytely Solution (PEG-electrolyte for solution)*
 Gonal F
 Granulex (trypsin/balsam peru/castor oil)*
 Gynodiol (estradiol)*

H

Halcion (triazolam)*
 haloperidol
 Histussin HC (phenyleph/chlorphen/hydrocodone)*
 Humalog
 Humibid DM (dextromethorphan/guaifenesin)*
 Humibid LA (guaifenesin)*
 Humulin R, N, 50/50, 70/30
 Hycodan Syrup (hydrocodone w/homatropine)*
 Hydrea (hydroxyurea)*
 hydrochlorothiazide

Hytone (hydrocortisone 2.5% cream, ointment, lotion)*
 Hytrin (terazosin)*
 Hyzaar

I, J

Ilotycin (erythromycin)*
 Imdur (isosorbide mononitrate)*
 Imitrex
 Imodium (loperamide)*
 Imuran (azathioprine)*
 Inderal (propranolol)*
 Inderal LA (propranolol la)*
 Inderide (propranolol/HCTZ)*
 Indocin, SR (indomethacin, SR)*
 Inflamase
 Mild, Forte (prednisolone)*
 Intal Inhaler
 Intal Solution (cromolyn)*
 Invirase
 ISMO (isosorbide mononitrate)*
 isoniazid
 Isoptin, SR (verapamil, SR)*
 Isopto Atropine (atropine sulfate)*
 Isopto Carpine (pilocarpine HCl)*
 Isopto Homatropine (homatropine)*
 isosorbide dinitrate
 Janumet
 Januvia

K

K-Lor (potassium chloride 20mEq)*
 K-Lyte CL (potassium bicar/chloride 25mEq)
 K-Phos
 K-Phos Neutral (phospha 250)*
 K-Tab (potassium chloride sr)*
 Kaletra
 Kayexalate (sodium polystyrene sulfonate)*
 Keflex (cephalexin)*
 Kenalog in Orabase (triamcinolone acetonide)*
 Keppra
 Kerlone (betaxolol)*
 Klonopin (clonazepam)*
 Klor-con
 Kuzyme
 Kytril

L

Lamictal
 Lamisil tablet (terbinafine)*
 Lanoxin
 Lanoxicaps
 Lantus
 Lariam (mefloquine)*
 Lasix (furosemide)*
 leucovorin
 Leukeran
 Leukine
 Levaquin
 Levbid (hyoscyamine)*
 Levemir

Levlen (levonorgestrel & ethinyl estradiol)*
 Levo-Dromoran (levorphanol tartrate)*
 levora
 Levothroid
 Levoxyl
 Levsin (hyoscyamine)*
 Levsinex (hyoscyamine)*
 Lexapro
 Lexiva
 Librium (chlordiazepoxide)*
 Lidex, E (fluocinonide)*
 Limbitrol DS (amitriptyline/chlordiazepoxide)*
 Lioresal (baclofen)*
 Lipitor
 Lithobid (lithium)*
 Lo/Ovral (low-ogestrel)*
 Lodine (etodolac)*
 Lodine XL (etodolac ER)*
 Loestrin FE (microgestin 1-20, 1.5/30)*
 Lomotil (diphenoxylate/atropine sulfate)*
 Loniten (minoxidil)*
 Lopid (gemfibrozil)*
 Lopressor (metoprolol)*
 Lopressor HCT (metoprolol/HCTZ)*
 Loprox
 Lorcet (hydrocodone/apap)*

KEY

Generic Medications

(lowest copay) – listed in all lower-case letters

Brand-name Medications

(middle copay) – listed with a leading capital letter

* – brand versions of these drugs are non-formulary (highest copay)

Drugs are listed alphabetically by brand name.

Lortab (hydrocodone/apap)*
 Lotensin (benazepril)*
 Lotensin HCT (benazepril HCTZ)*
 Lotrel 2.5/10, 5/10, 5/20 & 10/20 (amlodipine/benazepril)*
 Lorel 5/40 & 10/40mg
 Lotrisone (clotrimazole/betamethasone)*
 Lovaza
 Loxitane (loxapine)*
 Lozol (indapamide)*
 Lufyllin (dyphylline)*
 Lupron (leuprolide)*
 Lumigan
 Luride (sodium flouride)*
 Materna (multi-vitamins w/folic acid)*
 Matulane
 Mavik (trandolapril)*
 Maxalt, MLT
 Maxidex
 Maxitrol (neomycin/polymyxin/dexamethasone)*
 Maxzide (triamterene/HCTZ)*
 Mebaral (mephobarbital)*
 Meclomen (meclofenamate)*
 Medrol 4mg, 8mg (methylprednisolone)*
 Medrol 2 mg, 16mg, 32mg
 Megace (megestrol)*
 Mellaril (thioridazine)*
 Menest
 meperidine w/promethazine
 Mephyton
 Mepron
 Mestinon timespan

M

Metaglip (glipizide/ metformin)*	(fosinopril)*	Neoral	Normodyne (labetalol)*	Oruvail (ketoprofen SA)*	Phenergan VC syrup (promethazine/ phenylephrine)*
Methergine Tabs	Motrin (ibuprofen)*	Neosporin soln (neomycin/ polymyxin/ gramicidin)*	Norpace (disopyramide)*	Ovidrel	Phenergan/Codeine (promethazine/ codeine)*
methyclothiazide	MS Contin (morphine SR)*	Neosporin oint (neomycin/ polymyxin/ bacitracin)*	Norpace CR 100mg	Ovral (ogestrel)*	Phenergan (promethazine)*
MetroCream (metronidazole)*	MSIR (morphine sulfate)*	NeoSynephrine (phenylephrine)*	Norpace CR 150mg (disopyramide CR 150mg)*	OxyContin	Phenergan VC/ Codeine (phenylephrine/ promethazine/ codeine)*
MetroGel	Mucomyst (acetylcysteine)*	Neptazane (methazolamide)*	Norpramin (desipramine)*	P	phenobarbital
MetroGel Vaginal (metronidazole vag)*	Myambutol (ethambutol)*	Neurontin (gabapentin)*	nortriptyline	Pamelor (nortriptyline)*	Phoslo
Metrolotion (metronidazole lot)*	Mycobutin	Neurontin Soln	Norvasc (amlodipine)*	Pancrease	Pilocar (pilocarpine HCl)*
Mevacor (lovastatin)*	Mycolog II (nystatin/ triamcinolone)*	Niaspan	Norvir	Panoxyl, AQ (benzoyl peroxide)*	pindolol
Mexitil (mexiletine)*	Mycostatin (nystatin)*	Niferex-150 Forte (iron/B12/folic acid)*	Novafed A (pseudoephedrine hcl/chlor-mal)*	Parafon Forte (chlorzoxazone)*	Plan B
Micro-K (potassium chloride)*	Mydracyl (tropicamide)*	Nilandron	NuLev (neosol)*	Paregoric	Plaquenil (hydroxychloro- quine)*
Micronase (glyburide)*	Myleran	Nitro-Bid (nitroglycerin SR)*	nystatin	Parlodel Tab (bromocriptine)*	Plavix
Microzide (hydrochlorothiazide caps)*	Mysoline (primidone)*	Nitro-Dur	O	Parnate (tranylcypromine)*	Plexion SCT
Midamor (amiloride)*	N	Nitrol (nitroglycerin ointment)*	Ocufen (flurbiprofen sodium)*	Paxil (paroxetine)*	Plexion TS (sulfacet sod w/sulfur10/5%)*
Midrin (isometh/ dichlphen/APAP)*	Naldecon (decongestabs)*	Nitrolingual spray	Ocuflox (ofloxacin)*	Paxil CR	Poly-Vi-Flor (multi- vitamins w/fluoride)*
Minipress (prazosin)*	Nalfon 600mg (fenoprofen)*	Nitrostat (nitroglycerin)*	Ocupress (carteolol hcl)*	Pediapred (prednisolone sodium proshpate)*	Polycitra (potassium citrate-citric acid)*
Minocin Capsule (minocycline)*	Namenda	Nizoral (ketoconazole)*	Ogen (estropipate)*	Pediazole (erythromycin/ sulfisoxazole)*	Polycitra-K (Pot. & Sod. Citrates w/citric acid)*
Mintezol	Naprosyn (naproxen)*	Noctec (chloral hydrate)*	Omnicef (cefdinir)*	Pentam (pentamidine isethionate)*	Polysporin (bacitracin zinc/ polymyxin B)*
Miralax (glycolax)*	Nardil	Nolvadex (tamoxifen)*	Omnipen (ampicillin)*	Pentasa	Polytrim (polymyxin B/ trimethoprim)*
Mirapex	Nasalide (flunisolide)*	Nor-QD (norethindrone)*	One Touch Product Line	Pepcid (famotidine)*	Potaba Tab (aminobenzoate tab)*
Mircette (kariva)*	Nasonex	Nordette (levora)*	Opticrom (cromolyn)*	Percocet (oxycodone/APAP)*	potassium chloride
Mobic (meloxicam)*	Natafort (prenatal vitamin)*	Norfex (orphenadrine)*	Ortho-Cept (apri, reclipen)*	Percodan (oxycodone/ aspirin)*	Prandin
Modicon (ethinyl estradiol/ norethindrone)*	Natalins (prenatal multivitamins and minerals/iron/fa)*	Norgesic (orphenadrine cpd)*	Ortho-Est (estropipate)*	Peridex (chlorhexidine gluconate)*	Pravachol (pravastatin)*
Monistat-Derm (miconazole nitrate)*	Navane (thiothixene)*	Norgesic Forte (orphenadrine cpd Forte)*	Ortho-Evra	Periostat (doxycycline)*	
Monodox (doxycycline monohydrate)*	Nebupent	Norinyl (necon)*	Ortho-Novum (necon)*	Persantine (dipyridamole)*	
Monoket (isosorbide mononitrate)*	necon		Ortho Tri-Cyclen (tri-nessa)*	Phenergan DM (promethazine/ dextromethorphan)*	
Monopril	NeoDecadron (neomycin/ dexamethasone)*		Ortho Tri-Cyclen Lo		
	neomycin		Orudis (ketoprofen)*		

Precose
Pred Forte 1%
(prednisolone)*
prednisone
Pred Mild 0.12%
Prelone
(prednisolone)*
Premarin oral,
vaginal cream
Premphase
Prempro
Prenate Advance
(prenatal w/
docusate, iron,
folic acid)*
Prenate Elite
Prenate Ultra
(multivitamins
w/folic acid)*
Prevacid
Prevacid NapraPac
Prevident
(sodium fluoride)*
Prevpac
Priftin
Primaquine
Prinivil
(lisinopril)*
Prinzide
(lisinopril/hctz)*
ProAmatine
(midodrine)*
ProAir HFA
Pro-Banthine
(proprantheline)*
probenecid
Procanbid
Procardia
(nifedipine)*
Procardia XL
(nifedipine ER)*
Proctocort
(hydrocortisone)*
Proctocream-HC
(hemorrhoidal
cream)*

Profasi 10,000
(chorionic
gonadotropin)*
Prograf
Prolixin
(fluphenazine)*
Proloprim
(trimethoprim)*
Prometrium
Pronestyl, SR
(procainamide, SR)*
Propine
(dipivefrin HCl)*
propylthiouracil
Proscar
(finasteride)*
Protonix
(pantoprazole)
Protopic
Proventil HFA
Proventil, Tab, Syrup
(albuterol)*
Provera (medroxy
progesterone)*
Prozac
(fluoxetine)*
Psorcon (diflorasone
diacetate)*
Pulmicort Respules
Pulmicort Turbuhaler
Purinethol
(mercaptapurine)*
pyrazinamide
Pyridium
(phenazopyridine)*

Q

Questran, Lite
(cholestyramine,
light)*
Quinaglute
(quinidine gluconate)*
Quinidex
(quinidine sulfate)*
QVAR

R

Rebetol (ribavirin)*
Reglan
(metoclopramide)*
Relafen
(nabumetone)*
Remeron, SolTab
(mirtazapine)*
Renagel
Requip
Rescriptor
Restoril
(temazepam)*
Retin-A Cream
(tretinoin)*
Retin-A Gel
(tretinoin)*
Retrovir
Revia
(naltrexone hcl)*
Reyataz
Rheumatrex Tablets
(methotrexate tablets)*
Ridaura
Rifadin
(rifampin)*
Rifamate
Rifater
Rilutek
Risperdal
Ritalin, SR
(methylphenidate,
SR)*
RMS Supp (morphine)*
Robaxin
(methocarbamol)*
Rocaltrol (calcitriol
0.25, 0.5 mg caps)*
Rondec DM syrup
(pseudoephed/
bromphen-DM
45-4-15)*
Rondec, TR
(pseudoephedrine/
carbinoxamine)*

Roxicodone
(oxycodone)*
Rynatan
(chlorphen/
pyrilamine/
phenylephrine)*
Rynatuss tablets,
pediatric susp
(phenyleph-
ephed-cpd w/
carbetapentane)*
Rythmol
(propafenone)*

S

Salagen
(pilocarpine)*
Sandimmune*
Sandostatin
Seasonale (jolessa,
quasense)*
Sectral (acebutolol)*
Selsun (selenium
sulfide)*
Septra, DS
(sulfamethoxazole/
trimethoprim, DS)*
Serax (oxazepam)*
Serevent Diskus
Serophene
(clomiphene)*
Seroquel, XR
Silvadene (silver
sulfadiazine)*
Sinemet (carbidopa/
levodopa)*
Sinemet CR
(carbidopa/
levodopa CR)*
Sinequan (doxepin)*
Singulair
Slo-Bid
(theophylline)*
Slo-Phyllin 80 Syrup
(theophylline
anhydrosil)*

KEY

Generic Medications

(lowest copay) – listed in all
lower-case letters

Brand-name Medications

(middle copay) – listed with a
leading capital letter

* – brand versions of these drugs
are non-formulary (highest copay)

Drugs are listed alphabetically by
brand name.

Sodium Sulamyd
(sulfacetamide
solution)*
Solaquin Forte
(hydroquinone)*
Soma
(carisoprodol)*
Somavert
Somophyllin
(aminophylline)*
Sorbitrate
(isosorbide
dinitrate)*
Spectazole
(econazole)*
Spiriva
Sporanox
(itraconazole)*
Stadol N.S.
(butorphanol
tartrate
10 mg/ml N.S.)*
Starlix
Stelazine
(trifluoperazine)*
Strattera
Sular
Sulfacet-R (sodium
sulfacetamide/
sulfur)*

Sultrin
(triple sulfa)*
Sustiva
Symbicort
Symlin
Symmetrel
(amantadine)*
Synalar (fluocinolone
acetone)*
Synthroid

T

Tagamet
(cimetidine)*
Talacen
(pentazocine/apap)*
Talwin NX
(pentazocine nx)*
Tambocor
(flecainide)*
Tavist syrup, 2.68mg
tabs (clemastine
fumarate)*
Tegretol
(carbamazepine)
Tegretol XR
Temodar
Temovate
(clobetasol)*

Tenex (guanfacine)*
Tenoretic (atenolol/ chlorthalidone)*
Tenormin (atenolol)*
Terazol (terconazole)*
Teslac
Tessalon Perles (benzonatate)*
Testim
Theo-24
Theochron (theophylline)*
Thorazine Tab (chlorpromazine tab)*
Ticlid (ticlopidine)*
Tigan (trimethobenzamide)*
Tilade
Timoptic (timolol ophthalmic)*
Timoptic XE (timolol)*
Tobi
Tobradex
Tobrex Soln (tobramycin)*
Tofranil (imipramine)*
Tolectin (tolmetin)*
Topamax
Topicort (desoximetasone)*
Toprol XL (metoprolol)*
Trileptal
Toradol (ketorolac tromethamine)*
Trandate (labetalol)*

Transderm-Scop
Tranxene (clorazepate)*
Trental (pentoxifylline)*
Tricor
TriLeven (levonorgestrel)*
Tri-Vi-Flor (triple vitamins w/fluoride)*
Tridesilon (desonide)*
Trilafon (perphenazine)*
Trimox (amoxicillin)*
Trimplex (trimethoprim)*
Trinsicon (iron/ intrinsic factor/B12)*
Triphasil (trivora)*
Trizivir
Trusopt
Tussi-12 (phenyleph/ chlorphen/carbeta)*
Tussi-Organidin NR (guaifenesin/ codeine)*
Tussi-Organidin NR DM (guaifenesin/ dextromethorphan)*
Twinject
Tylenol w/Cod (codeine/APAP)*
Tylox (oxycodone w/acetaminophen)*
Tympagesic (pramoxine/hc/ chloroxylenol)*

U

Ultracet (tramadol/APAP)*
Ultram (tramadol)*

Ultrase (pancrelipase)
Ultravate (halobetasol)*
Uniphyll (theophylline SR)
Uniretic (moexipril/ hctz)*
Unithroid (levothyroxine)
Univasc (moexipril)*
Urecholine (bethanechol)*
Urised (meth/ salicylate/atropine/ hyos benzoic)*
Urocit-K (potassium citrate)*
Urogesic Blue (methenamine/ hyosc-meth blue/sod biphos-phenyl sal)*

V

V-Cillin K (penicillin V.K.)*
Vagifem
Valcyte
Valisone (betamethasone valerate)*
Valium (diazepam)*
Valtrex
Vantin (cefepodoxime)*
Vaseretic (enalapril/ hydrochlorothiazide)*
Vasocidin (sulfacetamide sodium-prednisolone ophth sol.)*
Vasocon (naphazoline)*
Vasotec (enalapril)*

Vepesid (etoposide)*
Verelan (verapamil SR)*
Vermox (mebendazole)*
VESIcare
Vibramycin (doxycycline)*
Vicodin (hydrocodone/ APAP)*
Vicodin E.S. (hydrocodone/apap)*
Videx
Videx EC (didanosine)*
Vigamox
Viokase
Viracept
Viramune
Viread
Viroptic (trifluridine)*
Vistaril (hydroxyzine pamoate)*
Vivelle
Vivelle Dot
Voltaren Ophth
Voltaren, XR (diclofenac, ER)*
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*

W, X

Wellbutrin, SR (bupropion)*
Wellbutrin XL 150mg
Wellbutrin XL 300mg (Budeprion XL)*
Westcort (hydrocortisone)*
Xalatan

Xanax (alprazolam)*
Xopenex HFA
Xylocaine (lidocaine)*
Xylocaine viscous (lidocaine viscous)*

Y, Z

Yasmin
Yaz
Yodoxin
Yocon (yohimbine)*
Zanaflex (tizanidine)*
Zantac (ranitidine)*
Zarontin (ethosuximide)*
Zaroxolyn (metolazone)*
Zebeta (bisoprolol)*
Zenate (multivitamins w/folic acid)*
Zephrex LA (pseudoephedrine/ guaifenesin)*
Zerit
Zestril (lisinopril)*
Zestoretic (lisinopril/hctz)*
Zetacet (sulfacet sod w/sulfur10/5%)*
Zetia
Ziac (bisoprolol/ HCTZ)*
Ziagen
Zithromax (azithromycin)*
Zocor (simvastatin)*
Zofran (ondansetron)*
Zoloft (sertraline)*
Zomig, ZMT
Zonegran (zonisamide)*
zovia
Zovirax Cap (acyclovir)*
Zovirax Oint
Zyloprim (allopurinol)*
Zyprexa

KEY

Generic Medications

(lowest copay) – listed in all lower-case letters

Brand-name Medications

(middle copay) – listed with a leading capital letter

* – brand versions of these drugs are non-formulary (highest copay)

Drugs are listed alphabetically by brand name.

Your health plan is committed to helping you manage your prescription benefits. Prior Authorization, Quantity Limits, Step Therapy and Dose Optimization are a list of some of the edits recommended by your health plan's Pharmacy and Therapeutics Committee and approved by your health plan. These edits, which help ensure you have access to safe, appropriate and effective prescription medications, are defined as follows:

- **Prior Authorization:** medications which require pharmacy benefit manager or plan approval before you may receive benefits
- **Quantity Limit:** affects the frequency or dosage of certain medications for which you receive benefits
- **Step Therapy:** requires that you first use a specific medication before alternatives therapies may be tried or prescribed
- **Dose Optimization (or dose consolidation):** normally involves the conversion from twice-daily dosing to a once-daily dosing schedule. A once-daily dosing schedule may increase compliance and decrease expenses for you and your health plan.

The table below is provided as a summary of some of the edits. Depending on your pharmacy benefit design other edits may apply.

PRIOR AUTHORIZATIONS

Aciphex ^{*^}	Gleevec	Pegasys*	Tarceva
Actiq (fentanyl citrate)*	Humatrope*	Peg-Intron*	Testim
Androderm	Humira*	Penlac*	Tev-Tropin*
AndroGel	Lamisil tablet	Prilosec 40mg ^{*^}	Topamax
Botox*	(terbinafine)*	Provigil*	Xeloda
Enbrel*	Lyrica*	Remicade*	Xolair*
Fentora*	Nexium ^{*^}	Saizen*	Xyzal*
Forteo*	Norditropin*	Serostim*	Zorbtive*
Genotropin*	Nutropin, AQ*	Sporanox (itraconazole)*	Zyvox*

QUANTITY LIMITS

Aciphex ^{*^}	Clarinet, D*	Imitrex	Relpax*
Actiq (fentanyl citrate)*	Diabetic Test Strips (Accu-Chek and One Touch brand products are formulary)	Kytril	Rozerem*
Allegra, D*	Emend*	Lunesta*	Sonata*
Ambien (zolpidem)*	Enbrel*	Maxalt, MLT	Stadol N.S. (butorphanol)*
Ambien CR*	Fentora*	Migranal*	Symbicort
Amerge*	Forteo*	Nexium ^{*^}	Testim
AndroGel	Frova*	Prevacid	Xyzal*
Anzemet*	Humira*	Prilosec 40mg ^{*^}	Zofran (ondansetron)*
Axert*		Protonix (pantoprazole)	Zomig, ZMT

STEP THERAPY

Ambien CR*	Crestor*	Elidel	Sonata*
Arthrotec*	Diabetic Test Strips	Protopic	Vytorin*
Byetta	(Accu-Chek and One	Rozerem*	Zetia
Celebrex*	Touch brand products are formulary)		

DOSE OPTIMIZATION

Medications in the following categories are included in the dose optimization edits.

Antidepressants	Cholesterol reducing medications	Certain blood pressure medications
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[^] This product has clinically equivalent alternatives included on the formulary and, as a consequence, such product may not be covered under your pharmacy benefit. Please consult your on-line pharmacy account through your health plan website, www.anthem.com, for details on coverage.

Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Member Services at the telephone number listed on your identification card.

For Kentucky Residents Only:

In selecting medications for the prescription drug formulary, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the formulary by at least one medication. When a closed formulary is in effect, only medications that are included on the formulary are a covered service. In certain clinical situations, a member may require use of a non-formulary product. Anthem has criteria that permits a member to obtain a non-formulary medication in a closed formulary plan. If specific criteria are met, a member can receive a non-formulary drug for a formulary copay. The criteria preserves the clinical integrity of the drug formulary and provides a process by which deviations from the formulary may be allowed. An appeals process is in place for any medications that do not meet the criteria.



**For more information, please visit anthem.com.
Members without Internet access can call
1 (877) 468-5279. Speech and hearing impaired
(TDD/TTY users) should call 1 (800) 221-6915,
Monday – Friday, 8:30 a.m. – 5 p.m., Eastern time.**

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