

Anthem's State Sponsored Business Preferred Drug Listing (PDL) for Hoosier Healthwise Members

INTRODUCTION

Anthem Blue Cross and Blue Shield's (Anthem's) State Sponsored Business Preferred Drug List (PDL) includes medications available in the pharmacy benefit. These preferred medications are commonly prescribed drugs chosen by Anthem for their quality and effectiveness. Select drugs may require prior authorization. Anthem State Sponsored Business's Preferred Drug List is updated quarterly and is subject to change without prior notification. To check for regular updates to the Preferred Drug List, please visit our website at www.anthem.com. Alternatively, you can contact the WellPoint NextRx Customer Care at **1-866-629-1608**.

BRAND NAME VS GENERICS

A brand name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand name drug. A generic drug has the same active ingredients as its brand name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand name equivalent in color and/or shape. Both brands and generics have to meet the same strict safety, purity and performance standards governed by the FDA.

QUANTITY SUPPLY LIMIT

Quantity supply limit is the maximum amount of a drug that can be dispensed at the pharmacy at a given time. Anthem State Sponsored Business has a prior authorization program that adheres to FDA approved dosing guidelines. If a prescribing provider feels that a quantity supply greater than the defined maximum is medically necessary, then the prescriber is directed to submit a written prior authorization in order to validate the medical rationale for exceeding the recommended dosage.

PRIOR AUTHORIZATION

Prior Authorization is designed to encourage appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen or have lower cost alternatives. Drugs that have high side effect potential, those that should be reserved for specific FDA indication, or those that have a high misuse or abuse potential are also included in the program. If a brand name drug has a FDA approved generic equivalent available, Anthem also requires prior authorization to promote the utilization of appropriate generic alternatives as first line therapies when medically appropriate. Prior to dispensing any multi-source brand, physicians are required to consider using its preferred generic alternative. Multi-source brand name drug with a generic alternative will require a written prior authorization for benefit coverage based on medical necessity.

Select medications on the Preferred Drug List may require prior authorization. Medication utilization must meet FDA approved indications as well as Anthem State Sponsored Business guidelines. If a medication requires prior authorization, a Prior Authorization form needs to be completed by the prescriber for submission to Anthem. To obtain Prior Authorization form and a list of drugs that require prior authorization, please go to the website, www.anthem.com. Alternatively, you can contact the WellPoint NextRx Customer Care at **1-866-629-1608** for more information.

NARROW THERAPEUTIC DRUGS

Certain medications require that a physician to carefully monitor the dosage to achieve optimal effect while preventing adverse side effects. For these select few drugs, the recommendation is to NOT switch between the brand and generic version of the drug.

The following is a list of narrow therapeutic index drugs: Armour Thyroid, Coumadin, Zarontin, Carbatrol, Creon, Dilantin, Lanoxin, Levothroid, Levoxyl, Neoral, Pancrease, Sandimmune, Synthroid, Tegretol, Ultrase, Tegretol XR, Lanoxicap, Eskalith, Eskalith CR, Lithobid, Phenytek, Theophylline products, Depakene, Unithroid, Clozaril, Cordarone, and Pacerone.

Anthem State Sponsored Business's pharmacy benefit will provide coverage for these brand name medications for members currently on the brand name version.

HOW TO USE ANTHEM'S PREFERRED DRUG LIST

Anthem State Sponsored Business's Preferred Drug List lists the brand name or common name of a given drug. If a medication does not appear on this Preferred Drug List, the medication will require prior authorization to be covered under the pharmacy benefit. A prior authorization form will need to be completed by the prescriber and submitted to Anthem before prescription may be filled. To obtain Prior Authorization form and a list of drugs that require prior authorization, please go to the website, www.anthem.com. Alternatively you can contact the WellPoint NextRx Customer Care at **1-866-629-1608** for more information.

CONTACT INFORMATION

Questions about Anthem State Sponsored Business's Preferred Drug List, please contact WellPoint NextRx Customer Care Center at **1-866-629-1608** for more information. Hours of operation are Monday through Friday 8:00 am – 1:00 am ET and Saturday & Sunday 9:00 am to 6:00 pm ET. In addition, regular updates to the Preferred Drug List are available by visiting www.anthem.com.