

Prescription Program

Drug list

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

QUESTIONS AND ANSWERS

Q. What is a drug list?

A. The prescription drug list is a list of FDA-approved brand-name and generic medications that have been reviewed and recommended by a committee of practicing physicians, clinical pharmacists and other professionals for their quality and effectiveness and approved by your health plan. Anthem has a "tiered" drug list for most products, which means that your out-of-pocket expenses are lower for Tier 1 and higher for Tiers 2 and 3 on the drug list. The Anthem drug list includes brand-name and most generic medications unless they are explicitly excluded from your benefits (i.e., cosmetic).

Brand-name

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

Generic

A generic drug is required by the FDA to have 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.

Please talk with your doctor about choosing a medication on the drug list whenever he or she prescribes medication for you. There is a list of the most commonly prescribed medications on the back of this page.

Q. How does the Anthem drug list benefit me?

A. You can be confident that you're receiving medications that have been reviewed and selected for their quality and effectiveness by practicing physicians and clinical pharmacists. You can request a drug list medication from your doctor and may pay less if you use one.

Q. What is my share of the cost?

A. Your out-of-pocket expenses (such as copayments, deductibles and/or coinsurance) are listed in your Certificate, Benefit Booklet, Product Summary or on your ID card. The cost sharing amount is applied when you order from a Network pharmacy. A complete list of participating pharmacies is available on anthem.com.

Q. What if my medication is not on the drug list?

A. An open drug list allows members and their physicians to choose from a wide variety of prescription medications. Please talk with your doctor about prescribing a generic or a brand-name medication on Tier 2. You can also submit a request for a drug to be added to Tier 2. You or your physician may submit a request to add a medication to the drug list either in writing or on our web site. Requests will be taken into consideration by the Pharmacy and Therapeutics (P&T) Committee during the drug list review process.

Contact the member services number on your ID card if you have questions.



Drug list effective as of January 1, 2008

Please use this quick reference list when you receive a prescription. To get the most from your prescription drug benefits, ask your doctor to prescribe a medication on the drug list. Remember, if a drug from the drug list is prescribed, your out-of-pocket expense could be less than if a medication not included on the drug list (Tier 3) is prescribed for you. Below is a partial listing of the Anthem drug list which is subject to periodic review.

Please ask your physician or call toll free (877) 468-5279 to hear a recorded list of the most current drug list additions and deletions. TDD/TTY users, please call (800) 221-6915. Or, look for the drug list on our web site, anthem.com, under My Services.

Inclusion of a medication on the drug list is not a guarantee of coverage. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

Most Commonly Prescribed Medications from the Anthem Drug List

Tier 3—Brand (Tier 1 generics are available)		Tier 2—Brand
Allegra [^] (fexofenadine) QL	Indocin, SR (indomethacin, SR)	Reglan (metoclopramide)
Alupent (metaproterenol)	Intal Soln. (cromolyn)	Remeron (mirtazapine)
Amaryl (glimepiride)	ISMO (isosorbide mononitrate)	Restoril (temazepam)
Ambien (zolpidem) QL	Isoptin, SR (verapamil, SR)	Sepra, DS (sulfamethoxazole/ trimethoprim)
Amoxil (amoxicillin)	Isordil (isosorbide dinitrate)	Sporanox (itraconazole) PA
Anaprox, DS (naproxen sodium, DS)	Keflex (cephalexin)	Tagamet (cimetidine)
Ansaid (flurbiprofen)	Lamictal chewable (lamotrigine)	Tenormin (atenolol)
Atrovent (ipratropium bromide) QL	Lamisil (terbinafine) PA	Timoptic, XE (timolol, XE)
Augmentin (amox/clav) QL	Lasix (furosemide)	Tolectin (tolmetin)
Bactrim, DS (sulfamethoxazole/ trimethoprim)	Lodine, XR (etodolac, ER)	Toprol XL (metoprolol succinate SR)
Betagan (levobunolol)	Lopid (gemfibrozil)	Trandate (labetalol)
Biaxin, XL (clarithromycin, ER)	Lopressor, HCT (metoprolol, HCTZ)	Trental (pentoxifylline)
Calan, SR (verapamil, SR)	Lortab (hydrocodone/APAP) QL	Trileptal (oxcarbazepine)
Capoten (captopril)	Lotensin, HCT (benazepril/HCTZ)	Trisicon (iron/intrinsicf/B 12)
Carafate (sucralfate)	Lotrel 2.5/10, 5/10, 5/20 & 10/20 (amlodipine/benazepril)	Ultram (tramadol) QL
Cardizem, SR, CD (diltiazem), SR, CD) DO, QL SR, CD only	Lozol (indapamide)	Univas (moexipril)
Cardura (doxazosin)	Maxzide (triamterene/HCTZ)	Uniretic (moexipril/hctz)
Ceclor, CD (cefaclor, ER)	Mevacor (lovastatin) DO, QL	Vantin (cefepodoxime)
Ceftin (cefuroxime)	Metaglip (glipizide/metformin)	Verelan (verapamil SR)
Cefzil (cefprozil)	Micronase (glyburide)	Voltaren, XR (diclofenac, ER)
Celexa (citalopram) QL	Mobic (meloxicam) QL	Wellbutrin, SR, XL 300mg (bupropion, ER, xl 300mg)
Climara (estradiol)	Monoket (isosorbide mononitrate)	Zantac (ranitidine)
Cipro, XR (ciprofloxacin, ER) QL	Motrin (ibuprofen)	Zaroxolin (metolazone)
Coreg (carvedilol)	Naprosyn (naproxen)	Zithromax (azithromycin) QL
Corgard (nadolol)	Nitrostat (nitroglycerin)	Zocor (simvastatin) DO, QL
Crolom (cromolyn)	Nizoral (ketoconazole)	Zofran (ondansetron) QL
Cytotec (misoprostol)	Nolvadex (tamoxifen)	Zoloft (sertraline) DO, QL
Dalmane (flurazepam)	Norpramin (desipramine)	
Desyrel (trazodone)	Norvasc (amlodipine) DO, QL	
Diabeta (glyburide)	Norvasc (amlodipine) DO, QL	
Diflucan (fluconazole)	Ocupress (carteolol)	
Dilacor XR (diltiazem CR) DO, QL	Ogen (estropipate)	
Ditropan (oxybutynin)	Omnicef (cefdinir)	
Dyazide (triamterene/HCTZ)	Omnipen (ampicillin)	
Effexor (velafaxine)	Ortho-Est (estropipate)	
Estrace (estradiol)	Orudis (ketoprofen)	
Famvir (famciclovir)	Oruvail (ketoprofen)	
Flonase (fluticasone) QL	Pamelor (nortriptyline)	
Glucophage, XR (metformin, ER)	Paxil (paroxetine) DO, QL	
Glucotrol XL (glipizide XL)	Periostat (doxycycline)	
Glucovance (glyburide/metformin)	Persantine (dipyridamole)	
Glyname Prestab (glyburide micro)	Pravachol (pravastatin) DO, QL	
Halcion (triazolam)	Prinivil (lisinopril)	
Hydrodiuril (hydrochlorothiazide)	Prinzide (lisinopril/hctz)	
Hytrin (terazosin)	Proscar (finasteride)	
Imdur (isosorbide mononitrate)	Provera (medroxyprogesterone)	
Inderal, LA (propranolol, LA)	Prozac (fluoxetine) DO, QL	
	Questran, Lite (cholestyramine, light)	

[^] 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 web site, www.anthem.com, for details on coverage.

PA PRIOR AUTHORIZATION REQUIRED – Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

QL QUANTITY LIMITS – Certain prescription drugs have specific quantity limits per prescription or per month.

ST STEP THERAPY REQUIRED – You may need to use one medication before benefits for the use of another medication can be authorized. Please note: Foradil and Serevent are safety edits that prevent duplication of therapy.

DO DOSE OPTIMIZATION REQUIRED – Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.

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 drug list, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the drug list by at least one medication. When a closed drug list is in effect, only medications that are included on the drug list are a covered service. In certain clinical situations, a member may require use of a medication not included on the drug list (Tier 3). Anthem has criteria that permits a member to obtain a Tier 3 medication in a closed drug list plan. If specific criteria is met, the member can receive a Tier 3 drug for a drug list copay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. There is a process to request a medication be added to the drug list for any medications that do not meet the criteria.

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