

Prescription Program

Drug List / Formulary

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

QUESTIONS & ANSWERS

Q. What is a drug list/formulary?

A. The Anthem Drug List/Formulary is a list of FDA-approved brand-name and generic medications that have been reviewed and recommended for their quality and effectiveness by the National Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors and pharmacists responsible for the research and decisions surrounding our drug list. This group meets regularly to review new and existing drugs and choose the top medications for our drug list—based on their safety, effectiveness and value.

Drugs on the Anthem Drug List/Formulary are grouped by 'tiers.' A number of factors are considered when classifying drugs into tiers, including, but not limited to: the absolute cost of the drug; the cost of the drug relative to other drugs in the same therapeutic class; the availability of over-the-counter alternatives; and other clinical and cost-effectiveness factors.

Because the medications on the drug list/formulary are subject to periodic review, please ask your physician about the most current drug list additions and deletions or visit anthem.com.

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 brandname counterpart. You can save money by using generic medications.

Q. What if my physician or I choose a brand-name drug when a generic equivalent is available?

A. In most cases, you would be responsible for the appropriate tier copay. This copay may include an additional charge that represents the cost difference between the brand-name medication and the generic equivalent.

Q. What are 'clinically equivalent' medications? How does this affect my drug coverage?

A. The P&T Committee reviews the most current research available to determine if multiple drugs used to treat a disease/condition produce the same clinical effect. When this is the case, the committee may recommend that we cover only the lower cost drug(s) as part of our effort to help reduce the overall cost of care. This means your specific prescription plan may not cover some drugs (indicated by a ^ symbol next to the drug name) in classes with 'clinically equivalent' alternatives.

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

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 Tier 1 or Tier 2 medication. If a Tier 3 medication is selected, you will be responsible for the applicable Tier 3 copayment.

You or your physician may submit a request to add a drug to the drug list/formulary either in writing or on our web site. Requests are taken into consideration by the P&T Committee during the drug list/formulary review process.

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



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**Drug list effective as of
July 1, 2010**

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, view the drug list on our web site, anthem.com.

Inclusion of a medication on the drug list/formulary is not a guarantee of coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. 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
Activella 1.0-0.5 (estradiol/norethindrone) PA	Abilify
Aceon (perindopril)	Activella 0.1-0.5 PA
Acular, LS (ketorolac)	Actonel QL
Allegra* (fexofenadine) QL	ActoPlus Met, XR QL
Allegra-D* (fexofenadine/PSE 12 hr) QL	Actos QL
Alphagan, P (brimonidine)	Advair Diskus, HFA QL
Altace (ramipril)	Advicor DO
Alupent (metaproterenol)	Akne-Mycin
Amaryl (glimepiride)	Aldara QL
Ambien (zolpidem) QL	Alora
Amoxil (amoxicillin)	Alphagan P
Anaprox, DS (naproxen sodium, DS)	Apidra
Ansaid (flurbiprofen)	Aricept
Atrovent (ipratropium bromide) QL	Asacol, HD
Augmentin, XR (amox/clav, XR) QL	Astelin QL
Bactrim, DS (sulfamethoxazole/ trimethoprim)	Astepro QL
Betagan (levobunolol)	Atrovent HFA QL
Biaxin, XL (clarithromycin, ER)	Avandamet QL
Calan, SR (verapamil, SR)	Avandaryl QL
Capoten (captopril)	Avandia QL
Carafate (sucralfate)	Avinza QL
Cardizem, LA, SR, CD (diltiazem, LA, SR, CD) DO, QL LA, SR, CD only	Avodart
Cardura (doxazosin)	AzaSite
Ceclor, CD (cefaclor, ER)	Azilect
Ceftin (cefuroxime)	Byetta ST, QL
Cefzil (cefprozil)	Genestin
Celera (citalopram) QL	Ciprodex
Climara (estradiol)	Climara Pro
Cipro, XR (ciprofloxacin, ER) QL	CombiPatch
Colazal (balsalazide)	Combivent QL
Coreg (carvedilol)	Coreg CR
Corgard (nadolol)	Cozaar DO, QL
Cosopt (dorzolamide/timolol)	Crestor DO, QL
Crolom* (cromolyn)	Cymbalta QL
Cytotec (misoprostol)	Depakote, ER
Dalmane (flurazepam)	Detrol, LA
Desyrel (trazodone)	Diovan, HCT DO, QL
Diabeta (glyburide)	Effxor XR DO, QL
Diflucan (fluconazole)	Effient DO, QL
Dilacor XR (diltiazem CR) DO, QL	Estraderm PA
Ditropan (oxybutynin)	Estring
Dyazide (triamterene/HCTZ)	Evamist
Effxor (velafaxine)	Evista
Estrace (estradiol)	Exforge, HCT QL
Famvir (famciclovir)	FemHRT
Fibricor (fenofibric acid)	Flomax
Flonase (fluticasone) QL	Flovent, HFA QL
Fosamax (alendronate) QL	Fosrenol
Glucophage, XR (metformin, ER)	Geodon
Glucotrol XL (glipizide XL)	Glyset
Glucovance (glyburide/metformin)	Humalog
Glycine Prestab (glyburide micro)	Humulin
Halcion (triazolam)	Hyzaar DO, QL
Hydrodiuril (hydrochlorothiazide)	Imitrex Nasal Spray QL
Hytrin (terazosin)	Intal Inh.
Imdur (isosorbide mononitrate)	Janumet QL
Imitrex tabs, inj (sumatriptan) QL	Januvia QL
Inderal, LA (propranolol, LA)	Lanoxin
Indocin, SR (indomethacin, SR)	Lantus
Intal Soln. (cromolyn)	Levaquin QL
ISMO (isosorbide mononitrate)	Levemir
Isosin, SR (verapamil, SR)	Lexapro DO, QL
Isordil (isosorbide dinitrate)	Lialda
Keflex (cephalexin)	Lidoderm
Kytril (granisetron) QL	Periostat (doxycycline)
Lamictal tablets & chewable (lamotrigine)	Persantine (dipyridamole)
Lamisil (terbinafine) PA	Phoslo (calcium acetate)
Lasix (furosemide)	Plan B 0.75mg (levonorgestrel) QL
Lodine, XR (etodolac, ER)	Pravachol (pravastatin) DO, QL
Lopid (gemfibrozil)	Precose (acarbose)
Lopressor, HCT (metoprolol, HCTZ)	Prevacid* (lansoprazole) ST, QL
Loprox gel (ciclopirox)	Prilosec* (omeprazole) ST, QL
Lortab (hydrocodone/APAP) QL	Prinivil (lisinopril)
Lotensin, HCT (benazepril/HCTZ)	Prinzide (lisinopril/hctz)
Lotrel 2.5/10, 5/10, 5/20 & 10/20	Proscar (finasteride)
(amlodipine/benazepril)	Protonix* (pantoprazole) ST, QL
Lozol (indapamide)	Provera (medroxyprogesterone)
Marinol (dronabinol)	Prozac (fluoxetine) DO, QL
Maxzide (triamterene/HCTZ)	Questran, Lite (cholestyramine, light)
Mevacor (lovastatin) DO, QL	Razadyne, ER (galantamine, SR)
Metaglip (glipizide/metformin)	Reglan (metoclopramide)
Micronase (glyburide)	Remeron (mirtazapine)
Mirapex (pramipexole)	Requip (ropinirole)
Mobic (meloxicam) QL	Restoril (temazepam)
Monoket (isosorbide mononitrate)	Risperdal (risperidone)
Motrin (ibuprofen)	Septra, DS (sulfamethoxazole/ trimethoprim)
Naprosyn (naproxen)	Sonata (zaleplon) ST, QL
Nasarel (flunisolide) QL, ST	Sporanox (itraconazole) PA
Nitrostat (nitroglycerin)	Starlix (nateglinide)
Nizoral (ketoconazole)	Sular 20, 30 & 40mg (nisoldipine) DO, QL
Nolvadex (tamoxifen)	Tagamet (cimetidine)
Norpramin (desipramine)	Tenormin (atenolol)
Norvasc (amlodipine) DO, QL	Timoptic, XE (timolol, XE)
Ocupress (carteolol)	Tobradex (tobramycin/dexamethasone)
Ogen (estropipate)	Tolectin (tolmetin)
Omnicef (cefdinir)	Toprol XL (metoprolol succinate SR)
Omnipen (ampicillin)	Trandate (labetalol)
Ortho-Est (estropipate)	Trental (pentoxifylline)
Orudis (ketoprofen)	Tricor (fenofibrate)
Oruvail (ketoprofen)	Trileptal (oxcarbazepine)
Pamelor (nortriptyline)	Trinsicon (iron/intrinsic/B 12)
Paxil (paroxetine) DO, QL	Trusopt (dorzolamide)
Paxil CR (paroxetine sr) DO, QL	Ultram, ER (tramadol) QL
Paxil (paroxetine sr) DO, QL	Univasc (moexipril)
Paxil CR (paroxetine sr) DO, QL	Uniretic (moexipril/hctz)
Periostat (doxycycline)	Vantin (cefepodoxime)
Persantine (dipyridamole)	Verelan (verapamil SR)
Phoslo (calcium acetate)	Voltaren, XR (diclofenac, ER)
Plan B 0.75mg (levonorgestrel) QL	Wellbutrin, SR (bupropion, ER)
Pravachol (pravastatin) DO, QL	Wellbutrin XL (budeprion xl) DO, QL
Precose (acarbose)	Xopenex Neb. Soln 1.25/0.5 (levalbuterol)
Prevacid* (lansoprazole) ST, QL	Zantac (ranitidine)
Prilosec* (omeprazole) ST, QL	Zaroxolyn (metolazone)
Prinivil (lisinopril)	Zithromax (azithromycin) QL
Prinzide (lisinopril/hctz)	Zocor (simvastatin) DO, QL
Proscar (finasteride)	Zofran (ondansetron) QL
Protonix* (pantoprazole) ST, QL	Zoloft (sertraline) DO, QL
Provera (medroxyprogesterone)	
Prozac (fluoxetine) DO, QL	
Questran, Lite (cholestyramine, light)	
Razadyne, ER (galantamine, SR)	
Reglan (metoclopramide)	
Remeron (mirtazapine)	
Requip (ropinirole)	
Restoril (temazepam)	
Risperdal (risperidone)	
Septra, DS (sulfamethoxazole/ trimethoprim)	
Sonata (zaleplon) ST, QL	
Sporanox (itraconazole) PA	
Starlix (nateglinide)	
Sular 20, 30 & 40mg (nisoldipine) DO, QL	
Tagamet (cimetidine)	
Tenormin (atenolol)	
Timoptic, XE (timolol, XE)	
Tobradex (tobramycin/dexamethasone)	
Tolectin (tolmetin)	
Toprol XL (metoprolol succinate SR)	
Trandate (labetalol)	
Trental (pentoxifylline)	
Tricor (fenofibrate)	
Trileptal (oxcarbazepine)	
Trinsicon (iron/intrinsic/B 12)	
Trusopt (dorzolamide)	
Ultram, ER (tramadol) QL	
Univasc (moexipril)	
Uniretic (moexipril/hctz)	
Vantin (cefepodoxime)	
Verelan (verapamil SR)	
Voltaren, XR (diclofenac, ER)	
Wellbutrin, SR (bupropion, ER)	
Wellbutrin XL (budeprion xl) DO, QL	
Xopenex Neb. Soln 1.25/0.5 (levalbuterol)	
Zantac (ranitidine)	
Zaroxolyn (metolazone)	
Zithromax (azithromycin) QL	
Zocor (simvastatin) DO, QL	
Zofran (ondansetron) QL	
Zoloft (sertraline) DO, QL	
	Lipitor DO, QL
	Lotemax
	Lotrel 5/40 & 10/40
	Lovaza
	Lumigan
	Maxalt, MLT QL
	Nasonex QL
	Nexium QL
	Niaspan
	Nitro-Dur
	Novolin
	Novolog
	Nuvigil PA, QL
	Onglyza DO, QL
	Oxytrol
	Pataday QL
	Patanol QL
	Performist
	Pentasa
	Plan B 1.5mg QL
	Plavix QL
	Prandin
	Premarin
	Premphase
	Prempo
	Prevpac
	Pristiq QL
	ProAir HFA QL
	Prometrium
	Proventil HFA QL
	Pulmicort QL
	Renvela tab
	Restasis
	Retin-A Micro
	Savella QL
	Serevent Diskus QL
	Seroquel, XR
	Singulair QL
	Skelaxin
	Spiriva QL
	Starlix
	Sular 8.5, 17, 25.5 & 34mg DO, QL
	Symbicort QL
	Symbyax
	Symlin
	Synthroid
	Tegretol XR
	Tekturna, HCT QL
	Tilade
	Toviaz
	Treximet QL
	Trilipix
	Uniphyl
	Uroxatral
	Venlafaxine ER DO, QL
	Veramyst QL
	VESicare
	Vivelle Dot
	Welchol
	Xalatan
	Xopenex Neb. Soln. (except 1.25/0.5ml)
	Zomig, ZMT QL
	Zylet
	Zyprexa, Zydis

[^] 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 online 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 copy. 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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