

Prescription Program

Drug List — To be used by members who have a tiered drug plan.

- If you have additional questions about your prescription benefits please call the Member Services number on your ID card
- Speech and hearing impaired (TDD/TTY users) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET
- For the most current version of this prescription drug list, please visit anthem.com
- Bring a copy of this drug list/formulary to your next doctor's visit to assist in selecting the lowest cost medications

TIER DEFINITIONS

Tier 1 – Lowest copayment – Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Tier 2 – Medium copayment – Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value

Tier 3 – Highest copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Tier 4 – Many drugs on this tier are “specialty” drugs used to treat complex, chronic conditions and may require special handling and/or management. For members who do not have a Tier 4 plan, these drugs are found under Tier 1, 2 or 3.

Anthem Blue Cross and Blue Shield 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 AND 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 brand-name 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.

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.

Tier 1

Acarbose	Atenolol/chlorthalidone	Cefdinir	Dexmethylphenidate	Estropipate	Glyburide/metformin
Acebutolol	Atropine sulfate	Cefpodoxime	Dextroamphetamine	Ethambutol	Glycolax
Acetaminophen/ caffeine/butalb	Aviane PA	Cefprozil	Dextromethorphan/ guaifenesin	Ethinyl estradiol/ norethindrone PA	Granisetron QL
Acetazolamide	Azathioprine	Cefuroxime QL	Diazepam	Ethinyl estradiol/ ethynodiol diacetate PA	Guaifenesin
Acetic acid	Azithromycin QL	Cephalexin	Diclofenac potassium	Ethosuximide	Guaifenesin SR
Acetic acid/ hydrocortisone	Bacitracin zinc/ polymyxin B	Chloral hydrate	Diclofenac sodium	Etodolac	Guaifenesin/ dextrometh
Acetic acid/ aluminum acetate	Bacitracin/polymyxin/ neomycin-hc oph oint	Chlordiazepoxide	Ophth.	Etodolac ER	Guaifenesin/ hydrocodone
Acetic acid otic	Baclofen	Chlorhexidine gluconate	Diclofenac, ER	Etoposide	Guanabenz
Acetylcysteine	Balsalazide	Chloroquine 250mg	Dicloxacillin	Famciclovir	Guanfacine
Acyclovir	Belladonna/ phenobarbital	Chlorothiazide	Didanosine	Famotidine	Halobetasol
Albuterol	Benazepril, HCTZ	Chlorphen/pyrilamine/ phenylephrine	Diflorasone diacetate	Felodopine DO, QL	Haloperidol
Albuterol/ipratropium	Benzoyl peroxide	Chlorpheniramine/ pseudoephedrine	Diflunisal	Fenoprofen	Heparin*
Alendronate QL	Benzoyl peroxide/ erythromycin	Chlorpromazine tab	Digoxin	Fentanyl QL	Homatropine
Allopurinol	Benzotropine	Chlorpropamide	Diltia XT DO, QL	Fexofenadine, D QL	Hydralazine
Alprazolam	Betamet diprop/ prop gyl	Chlororthalidone	Diltiazem	Finasteride	Hydralazine/HCTZ
Amantadine	Betamethasone dipropionate	Chlorzoxazone	Diltiazem CD DO, QL	Flecainide	Hydrochlorothiazide
Amcinonide	Betamethasone valerate	Cholestyramine, light	Diltiazem CR DO, QL	Fluconazole	Hydrocodone w/ homatropine
Amiloride	Betaxolol	Chorionic gonadotropin	Diltiazem SR DO, QL	Fludrocortisone	Hydrocodone/APAP QL
Amiloride/ hydrochlorothiazide	Bethanechol	Ciclopirox	Diphenhydramine 50mg	Flunisolide	Hydrocortisone 2.5% cream, ointment, lotion
Aminophylline	Bisoprolol	Cimetidine	Dipivefrin HCl	Fluocinolone acetonide	Hydrocortisone enema
Amiodarone	Bisoprolol/HCTZ	Ciprofloxacin QL	Dipyridamole	Fluocinonide	Hydromorphone
Amitriptyline	Bromocriptine	Citalopram DO, QL	Disopyramide	Fluorometholone	Hydroxychloroquine
Amitriptyline/ perphenazine	Budeprion XL DO, QL	Clemastine fumarate	Disopyramide CR 150mg	Fluorouracil	Hydroxyurea
Amitriptyline/ chlordiazepoxide	Bumetanide	Clindamycin	Divalproex	Fluoxetine DO, QL	Hydroxyzine HCL
Amlodipine DO, QL	Bupropion	Clobetasol	Doxazosin mesylate	Flurazepam	Hydroxyzine pamoate
Amlodipine/benazepril	Buspirone	Clomipramine	Doxepin	Flurbiprofen	Hyoscyamine
Amnesteem QL	Butalbitol Compound w/Codeine	Clonazepam	Doxycycline	Flurbiprofen sodium	Ibuprofen
Amoxapine	Butorphanol tartrate 10 mg/ml N.S. QL	Clonidine	Doxycycline monohydrate	Flutamide	Imipramine
Amoxicillin	Cabergoline	Clorazepate	Dronabinol	Fluticasone Nasal Spray QL	Indapamide
Amoxicillin/ clavulanate QL	Calcipotriene Soln.	Clotrimazole/ betamethasone	Dyphylline	Fluvoxamine DO	Indomethacin, SR
Amphetamine	Captopril, HCTZ	Clozapine	Econazole	Folic acid	Ipratropium bromide neb soln/ nasal spray QL
Ampicillin	Carbamazepine	Codeine sulfate	Enalapril, HCTZ	Fosinopril DO, QL	Iron combination capsule
Antipyrine/benzocaine	Carbidopa/levodopa	Codeine/APAP QL	Ergotamine	Fosinopril HCTZ	Iron/intrinsic factor/ B12
APAP/caffeine/ butalbital	Carbidopa/levodopa CR	Colchicine	Ergotamine/ belladonna/PB	Furosemide	Iron/B12/folic acid
Apri PA	Carisoprodol	Cromolyn	Erythromycin	Gabapentin	Isometh/dichlphen/ APAP
Asa/codeine	Carteolol hcl	Cyclobenzaprine	Erythromycin base	Galantamine	Isoniazid
Aspirin/caffeine/ butalbital	Cartia XT DO, QL	Cyclopentolate	Erythromycin ethylsuccinate	Ganciclovir	Isosorbide dinitrate
Atenolol	Carvedilol	Cyproheptadine	Erythromycin/ sulfisoxazole	Gemfibrozil	Isosorbide mononitrate
	Cefaclor	Danazol	Estradiol	Gentamicin	Isotretinoin QL
	Cefaclor ER	Dantrolene	Estradiol/ norethindrone PA	Glimepiride	Itraconazole PA
	Cefadroxil	Desipramine		Glipizide XL	
		Desmopressin acetate		Glipizide/metformin	
		Desonide		Glyburide	
		Desoximetasone		Glyburide micronized	

Ketoconazole
 Ketoprofen, ER
 Ketorolac **QL**
 Labetalol
 Lactulose
 Lamotrigine
 Leflunomide
 Leucovorin
 Leuprolide **PA***
 Levobunolol
 Levonorgestrel & ethinyl estradiol **PA**
 Levora **PA**
 Levoxyl
 Levorphanol tartrate
 Lidocaine
 Lidocaine viscous
 Lisinopril, HCTZ
 Lithium
 Loperamide
 Lorazepam
 Lovastatin **DO, QL**
 Low-ogestrel
 Loxapine
 Mebendazole
 Meclizine
 Meclofenamate
 Medroxyprogesterone
 Mefloquine
 Megestrol
 Meloxicam **QL**
 Meperidine
 Meperidine w/ promethazine
 Mercaptopurine
 Metaproterenol
 Metformin
 Metformin ER
 Meth/salicylate/atropine/hyos benzoic
 Methadone
 Methazolamide
 Methenamine/hyosc-meth blue/sod biphospho-phenyl sal
 Methocarbamol
 Methotrexate tablets
 Methyclothiazide
 Methylodopa
 Methylodopa/HCTZ
 Methylphenidate, SR
 Methylprednisolone
 Metoclopramide
 Metolazone
 Metoprolol, SR
 Metoprolol/HCTZ
 Metronidazole
 Mexiletine
 Miconazole nitrate
 Microgestin **PA**
 Midodrine
 Minocycline
 Minoxidil
 Mirtazapine
 Misoprostol
 Moexipril, HCTZ
 Mometasone ointment, cream
 Morphine SR **QL**
 Morphine sulfate
 Multivitamins w/fluoride
 Multivitamins w/folic acid
 Nabumetone
 Nadolol
 Naltrexone hcl
 Naphazoline
 Naproxen
 Naproxen ER
 Naproxen sodium, DS
 Necon **PA**
 Neomycin
 Neomycin/dexamethasone
 Neomycin/polymyxin/hydrocortisone
 Neomycin/polymyxin/dexamethasone
 Neomycin/polymyxin/bacitracin
 Neomycin/polymyxin/gramicidin
 Neosol
 Nifedipine
 Nifedipine ER **DO, QL**
 Nisoldipine **DO, QL**
 Nitrofurantoin
 Nitrofurantoin mono
 Nitroglycerin
 Nitroglycerin ointment
 Nitroglycerin SR
 Nizatidine
 Norethindrone
 Nortriptyline
 Nystatin
 Nystatin/triamcinolone
 Ocella **PA**
 Ofloxacin **QL**
 Omeprazole 10 & 20mg **QL**
 Omeprazole 40mg **PA, QL^#**
 Ondansetron **QL**
 Orphenadrine
 Orphenadrine cpd
 Orphenadrine cpd Forte
 Oxaprozin
 Oxazepam
 Oxybutynin
 Oxycodone
 Oxycodone ER **QL**
 Oxycodone/aspirin
 Oxycodone/APAP **QL**
 Oxytocin
 Pantoprazole **PA, QL^#**
 Paroxetine, SR **DO, QL**
 Penicillin V.K.
 Pentamidine isethionate
 Pentazocine nx
 Pentazocine/apap
 Pentoxifylline
 Pergolide
 Permethrin
 Perphenazine
 Phenazopyridine
 Phenobarbital
 Phenyleph hcl/hydrocod bit/cp
 Phenyleph/chlorphen/carbeta
 Phenyleph/chlorphen/hydrocodone
 Phenyleph-ephed-cpd w/carbetapentane
 Phenyleph-pyrimamine w/hydrocodone
 Phenylephrine
 Phenylephrine/promethazine/codeine
 Phenytoin
 Phospha 250
 Pilocarpine
 Pindolol
 Piroxicam
 Polyethylene glycol-electrolyte solution
 Polymyxin B/trimethoprim Pot. & Sod. Citrates w/citric acid
 Potassium chloride
 Potassium citrate
 Potassium citrate-citric acid
 Pramoxine/hc/chloroxylenol
 Pravastatin **DO, QL**
 Prazosin
 Prednisolone
 Prednisolone sodium proosphate
 Prednisone
 Prenatal multivitamins and minerals/iron/folic acid
 Prenatal vitamin
 Prenatal w/docusate, iron, folic acid
 Primidone
 Probenecid
 Probenecid/colchicine
 Procainamide, SR
 Prochlorperazine
 Prochlorperazine supp 25mg
 Promethazine
 Promethazine/codeine
 Promethazine/dextromethorphan
 Promethazine/phenylephrine
 Propafenone
 Propantheline
 Propoxyphene/APAP **QL**
 Propranolol, LA
 Propranolol/HCTZ
 Propylthiouracil
 Pseudoephed/bromphen-DM 45-4-15
 Pseudoephedrine hcl/chlor-mal
 Pseudoephedrine/guaifenesin
 Pseudoephedrine/carbinoxamine
 Pyrazinamide
 Quinapril, HCTZ
 Quinidine gluconate
 Quinidine sulfate
 Ramipril
 Ranitidine
 Ribavirin **PA**
 Rifampin
 Risperidone
 Ropinirole
 Salsalate
 Selegiline
 Selenium sulfide
 Sertraline **DO, QL**
 Silver sulfadiazine
 Simvastatin **DO, QL**
 Sodium citrate & citric acid
 Sodium fluoride
 Sodium polystyrene sulfonate
 Sodium sulfacetamide/sulfur
 Sotret **QL**
 Spironolactone
 Spironolactone/HCTZ
 Stannous fluoride
 Sucralfate
 Sulfacet sod w/sulfur 10/5%
 Sulfacetamide sodium solution
 Sulfacetamide sodium/prednisoloneophth sol.
 Sulfamethoxazole/trimethoprim, DS
 Sulfasalazine, EC
 Sulfinpyrazone
 Sulindac
 Tamoxifen
 Temazepam
 Terazosin
 Terbinafine **PA**
 Terbutaline
 Terconazole
 Theophylline
 Theophylline SR
 Theophylline syrup
 Thioridazine
 Thiothixene
 Ticlopidine
 Timolol
 Tizanidine
 Tobramycin*
 Tolmetin
 Torsemide
 Tramadol **QL**
 Tramadol/APAP **QL**
 Trandolapril
 Tranlycypromine
 Trazodone
 Tretinoin **PA**
 Triamcinolone acetonide
 Triamterene/HCTZ
 Triazolam
 Trifluoperazine
 Trifluridine
 Trihexyphenidyl
 Trimethobenzamide
 Trimethoprim
 Tri-nessa **PA**
 Triple sulfa
 Triple vitamins w/fluoride
 Trivora **PA**
 Tropicamide
 Trypsin/balsam peru/castor oil
 Ursodiol
 Valproic acid
 Venlafaxine
 Verapamil, SR

Warfarin
Yohimbine
Zaleplon **ST, QL**
Zolpidem **QL**
Zonisamide

Tier 2

Abilify
Accu-chek Product Line **QL**
Actonel **QL**
Actonel with Calcium **QL**
ActoPlus Met **QL**
Actos **QL**
Adderall XR
Advair Diskus, HFA **QL**
Aerobid **QL**
Aerobid M **QL**
Agenerase
Aldara **QL**
Alkeran
Alora
Alphagan P
Altace 2.5, 5 & 10mg
Androderm **PA, QL**
Androgel **PA, QL**
Antabuse
Apidra
Aricept
Arimidex
Armour Thyroid
Aromasin
Asacol
Asmanex **QL**
Astelin
Atrovent HFA **QL**
Avandamet **QL**
Avandaryl **QL**
Avandia **QL**
Azopt
Azmecort **QL**
Betimol
Beptoptic S
BiDil
Blephamide

Byetta **ST, QL**
Calciferol drops
Capitol
Carbatrol
Casodex
CeeNU
Cellcept
Cenestin
Ciprodex
Climara Pro
Clozaril
Combivent **QL**
Combivir
Comtan
Concerta
Coreg XR
Cosopt
Coumadin
Cozaar **QL**
Creon
Crixivan
Cuprimine
Cytadren
Dapsone
Daraprim
Depakote, ER
Derma-Smoother, FS
Detrol, LA
Diastat
Dibenzylamine
Differin
Dilantin
Diovan **DO, QL**
Diovan HCT **DO, QL**
Dovonex cream
Duac CS
Duetact
Effexor XR **DO, QL**
Elidel **ST**
Emcyt
Emtriva
Entocort EC
Epipen, JR.
Epiriv
Estraderm
Estring
Ethmozine

Evista
Evoxac
Exelderm
Exelon
Fansidar
FazaClo ODT
Felbatol
Fem HRT
Femara
Flomax
Flovent, HFA **QL**
Fluoroplex
FML Forte
FML S
Foradil **QL**
Fortovase
Fosamax solution **QL**
Fosamax Plus D **QL**
Fosrenol
Furadantin
Furoxone
Fuzeon
Gabitril
Gantrisin
Geodon
Gleevec **PA**
Glucagon
Glyset
Humalog
Humibid Cap Sprinkle
Humulin N, R, 50/50, 70/30
Hyzaar **DO, QL**
Imitrex **QL**
Intal Inh.
Invirase
Iressa **PA**
Janumet **QL**
Januvia **QL**
Kaletra
Keppra
Kuzyme
Lanoxicaps
Lanoxin
Lantus
Leukeran
Leukine **PA***

Levaquin **QL**
Levemir
Levothroid
Lexapro **DO, QL**
Lexiva
Lipitor **DO, QL**
Loprox gel, shampoo
Lotrel (5/40 & 10/40mg)
Lovaza
Lumigan
Matulane
Maxalt, **MLT QL**
Maxidex
Medrol 2mg, 16mg, 32mg
Menest
Mephyton
Meproton
Mestinin timespan
Methergine Tabs
Mintezol
Mirapex
Mycobutin
Myleran
Namenda
Nardil
Nasonex **QL**
Nebupent
Neoral
Neosar
Neulasta **PA, QL***
Neupogen **PA***
Nexavar **PA**
Nexium **QL**
Niaspan
Nilandron
Nitro-Bid
Nitro-Dur
Nitrolingual spray
Norpace CR 100mg
Norvir
Novolin N, R, 70/30
Novolog
One Touch Product Line **QL**
Ortho Evra **PA**

TIER DEFINITIONS

Tier 1 – Lowest copayment – Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Tier 2 – Medium copayment – Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value

Tier 3 – Highest copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Tier 4 – Many drugs on this tier are “specialty” drugs used to treat complex, chronic conditions and may require special handling and/or management. For members who do not have a Tier 4 plan, these drugs are found under Tier 1, 2 or 3.

Ortho Tri-Cyclen Lo **PA**
OxyContin **QL**
Pacerone
Pancrease
Pentasa
Phoslo
Plan B **QL**
Plavix **QL**
Plexion SCT
Prandin
Pred Mild 0.12%
Prefest
Premarin oral, vaginal cream
Premphase
Prempro
Prenate Elite
Prevacid **QL**
Prevacid Naprapac **QL**
Prevpac
Priftin
Primaquine
ProAir HFA **QL**
Procanbid
Prograf
Prometrium
Protopic **ST**

Proventil HFA **QL**
Pulmicort Respules **QL**
Pulmicort Turbuhaler **QL**
QVAR **QL**
Rapamune
Renagel
Rescriptor
Retrovir
Reyataz
Ridaura
Rifamate
Rifater
Rilutek
Sandimmune Oral
Sandostatin*
Serevent Diskus **QL**
Seroquel, XR
Simcor **QL**
Singular **QL**
Somavert*
Spiriva **QL**
Sprycel **PA**
Starlix
Strattera
Subutex **QL**
Sular **DO, QL**

Sustiva
Sutent **PA**
Symlin
Symbicort **QL**
Synthroid
Tarceva **PA**
Tegretol, XR
Temodar
Teslac
Testim **PA, QL**
Thalomid **PA**
Theo-24
Tilade
TOBI
Tobradex
Topamax **PA**
Transderm-Scop
Tricor
Trizivir
Trusopt
Twinject
Ultrase
Uniphyl
Vagifem
Valcyte
Valtrex
VESicare
Videx
Vigamox
Viracept
Viramune
Viread
Vivelle, DOT
Vyvanse **PA**
Xalatan
Xeloda **PA**
Xopenex HFA **QL**
Yaz **PA**
Yodoxin
Zarontin
Zerit
Ziagen
Zomig, ZMT **QL**
Zovirax Oint
Zyprexa, Zydys

Tier 3

Accolate
Accupril
Accuretic
Aceon
Aciphex **PA, QL**[^]
Actimmune*
Activella **PA**
Actiq **PA, QL**
Advicor
Aggrenox **QL**
Alamast **QL**[^]
Alferon-N*
Allegra, D **QL**[^]
Alocril **QL**[^]
Alomide **QL**[^]
Altace 1.25mg
Altoprev **DO**
Alupent Inhaler
Alvesco **QL**
Ambien **QL**
Ambien CR **QL, ST**
Amerge **QL**
Amevive **PA**
Amitiza
Anadrol-50 **PA**
Analpram - HC
Android **PA**
Anzemet **QL**
Apidra
Aquachloral Suppettes
Aranesp **PA***
Arixtra*
Arthrotec **ST**
Atacand **DO, QL**
Atacand HCT **DO, QL**
Avalide **DO, QL**
Avapro **DO, QL**
Avelox **QL**
Avinza **QL**
Avodart
Avonex*
Axert **QL**
Azor **DO, QL**
Beconase AQ **QL**

Benicar, HCT **DO, QL**
Betaseron*
Biaxin XL
Boniva **QL**
Bystolic
Caduet **DO**
Canasa
Capex Shampoo
Capoten
Capozide
Cardene, SR
Cardizem CD, LA **DO, QL**
Cardura, XL
Catapres TTS
Caverject **PA, QL**
Cedax
Ceftin **QL**
Celebrex **ST, QL**
Cetrotide*
Chemet
Cialis **PA, QL**
Cimzia **PA, QL**
Cipro XR **QL**
Clarinet, D **QL**[^]
Cleocin Vaginal Cream
Climara
Colazal
Colestid
Combipatch
Combunox **QL**
Copaxone*
Cordran Tape
Coreg
Covera HS **DO**
Crestor **ST, DO, QL**
Crinone
Cyclophosphamide
Cymbalta **PA, DO, QL**
DDAVP injection
Delatestryl*
Denavir
Depen
Depo-Estradiol*
Depo-Testosterone*
Dexpak
Dilaudid
Dovonex Soln.

Dynacirc, CR
Edex **PA, QL**
Elestat **QL**[^]
Elmiron
Emadine **QL**[^]
Emend **QL**
Enablex
Enbrel **PA, QL***
Esclim
Estrace vaginal cream
Estrasorb
Estratest, HS
Estrojel
Exforge **DO, QL**
Factive **QL**
Femring
Fentora **PA, QL**
First Testosterone
Floxin Otic
Foradil **QL**
Fortamet
Forteo **PA, QL***
Fosamax tablets **QL**
Fragmin*
Frova **QL**
Genotropin **PA, QL***
Glumetza
Gonal-f, RFF*
Grifulvin V
Histex, SR
Humatrope **PA, QL***
Humira **PA, QL***
Hybolin **PA**
Infergen* **PA**
Innohep*
Intron A **PA***
K-Phos
Kadian **QL**
Ketek
Kineret **PA***
Kytril **QL**
Lamisil Spray
Lamisil Tablet **PA**
Lescol, XL **DO, QL**
Levitra **PA, QL**
Lorabid
Lotensin, HCT

Lotrel (2.5/10, 5/10, 5/20 & 10/20mg)
Lunesta **QL**
Lupron Depot **PA***
Luxiq
Lyrica **PA**
Malarone **PA**
Marinol
Mavik
Maxair **QL**
Maxaquin **QL**
Methitest
Miacalcin Spray **QL**
Micardis, HCT **DO, QL**
Migranal **QL**
Moban
Mobic **QL**
Monopril/HCT
Muse **PA**
Myambutol
Myfortic
Mysoline
Nasacort AQ **QL**
Neumega **PA***
Norditropin **PA, QL***
Noroxin **QL**
Norvasc **DO, QL**
Nutropin, AQ **PA, QL***
Nuvaring **PA**
Olux
Omeprazole 40mg **PA, QL**[^]#
Omnaris **ST, QL**
Omnicef
Omnitrope **PA, QL***
Opana
Opana ER **QL**
Optivar **QL**[^]
Ovidrel **PA***
Oxandrin **PA**
Oxytrol
Panretin
Pantoprazole **PA, QL**[^]#
Pataday **QL**[^]
Patanol **QL**[^]
Patanase **QL**
Parnate

Paxil CR **DO, QL**
Pegasys **PA***
Peg-Intron **PA***
Penlac **PA**
Poly-Histine Elixir
Poly-Pred
Pramosone
Pravigard
Pred-G
Precose
Prilosec 40mg **PA, QL**[^]
Primaxin **QL**
Prinivil
Prinzide
Pristiq **DO, QL**
Procrit **PA***
Prostin E2 Supp
Protonix **PA, QL**[^]
Provigil **PA, QL**
Prozac Weekly **QL**
Pulmozyme
Raptiva **PA**
Razadyne, ER
Rebif*
Relenza **QL**
Relpax **QL**
Remicade **PA**
Restoril
Retin-A Micro Gel **PA**
Revatio **PA, QL**
Requip, XL
Risperdal
Rhinocort Aqua **QL**
Rozerem **ST, QL**
Saizen **PA, QL***
Sanctura, XR
Sarafem **QL**
Seasonale **PA**
Serostim **PA, QL***
Skelaxin
Sonata **ST, QL**
Soriatane
Spectracef
Sporanox Solution **PA**
Stadol **QL**
Striant **PA**
Suprax **QL**

Synagis **PA**
 Synarel **PA**
 Tamiflu **QL**
 Tarka
 Tekturna, HCT **DO, QL**
 Tequin **QL**
 Testopel **PA**
 Testred **PA**
 Teveten, HCT **DO, QL**
 Tev-Tropin **PA, QL***
 Tiazac **DO, QL**
 Tobrex
 Toprol XL
 Toradol **QL**
 Treximet
 Tri-Nasal
 Trileptal
 Trovan
 Tussionex
 Ultram ER **QL**
 Uniretic
 Univasc
 Urocit-K
 Uroxatral
 Vaseretic
 Vasotec
 Ventolin HFA **QL**
 Verelan PM **DO, QL**
 Vexol
 Vfend **PA**
 Viagra **PA, QL**
 Vivactil
 Voltaren Ophth
 Vytorin **ST, QL**
 Welchol
 Wellbutrin, SR
 Wellbutrin XL **DO, QL**
 Winstrol **PA**
 Xerac AC
 Xolair **PA***
 Xopenex Nebulizer Soln.
 Xyzal **PA, QL^**
 Yasmin **PA**
 Zegerid **PA, QL^**
 Zestoretic
 Zestril
 Zetia **ST, QL**

Zithromax **QL**
 Zmax **QL**
 Zocor **DO**
 Zofran **QL**
 Zoladex **PA**
 Zoloflo **DO, QL**
 Zorbtive **PA, QL***

Tier 4

Actimmune
 Alferon-N
 Antagon
 Apokyn
 Aranesp **PA**
 Arixtra
 Avonex
 Betaseron
 Bravelle
 Caverject **PA, QL**
 Cetrotide
 Chorionic Gonadotropin
 Colistimeth
 Coly-Mycin
 Copaxone
 Delatestryl
 Delestrogen
 Depo Testosterone
 Depo-Estradiol
 DHE 45
 Edex **PA, QL**
 Eligard **PA**
 Enbrel **PA, QL**
 Epogen **PA**
 Fertinex
 Follistim AQ
 Forteo **PA, QL**
 Fragmin
 Fuzeon
 Genotropin **PA, QL**
 Gonal-f, RFF
 Heparin
 Humatrope **PA, QL**
 Humira **PA, QL**
 Increlex **PA**
 Infergen **PA**
 Innohep
 Intron-A **PA**

Iplex **PA**
 Kineret **PA**
 Leukine **PA**
 Leuprolide **PA**
 Lovenox
 Lupron, Depot **PA**
 Luveris
 Methotrexate
 Metrodin
 Menopur
 Miacalcin injection
 Neulasta **PA, QL**
 Neumega **PA**
 Neupogen **PA**
 Norditropin **PA, QL**
 Novarel
 Nutropin, AQ **PA, QL**
 Omnitrope **PA, QL**
 Ovidrel

Pegasys **PA**
 Peg-Intron **PA**
 Pregnyl
 Profasi
 Procrit **PA**
 Raptiva **PA**
 Rebif
 Repronex **PA**
 Roferon-A **PA**
 Saizen **PA, QL**
 Sandostat
 Serostim **PA, QL**
 Somavert
 TevTropin **PA, QL**
 Tobramycin
 Vitamin B12
 Vivaglobulin **PA**
 Xolair **PA**
 Zorbtive **PA, QL**

TIER DEFINITIONS

Tier 1 – Lowest copayment – Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Tier 2 – Medium copayment – Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value

Tier 3 – Highest copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Tier 4 – Many drugs on this tier are “specialty” drugs used to treat complex, chronic conditions and may require special handling and/or management. For members who do not have a Tier 4 plan, these drugs are found under Tier 1, 2 or 3.

KEY

^ = This product has clinically equivalent alternatives included on the drug list/formulary and, as a consequence, such product may not be covered under your pharmacy benefit.

* = These drugs are Tier 1, 2 or 3 for those members that do not have a Tier 4 plan

= Non-formulary in Indiana only

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 prescription 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 are met, a 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. A process is in place to request medications be added to the drug list for any medications that do not meet the criteria.



For more information, please visit [anthem.com](https://www.anthem.com).

- **If you have additional questions about your prescription benefits please call the Member Services number on your ID card**
- **Speech and hearing impaired (TDD/TTY users) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET**
- **For the most current version of this prescription drug list, please visit [anthem.com](https://www.anthem.com)**
- **Bring a copy of this drug list/formulary to your next doctor's visit to assist in selecting the lowest cost medications**

Life and Disability products are underwritten by Anthem Life Insurance Company. In Colorado: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. In Indiana: Anthem Blue Cross and Blue Shield is a trade name of Anthem Insurance Companies, Inc. In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® Blue Cross and Blue Shield are registered marks of the Blue Cross and Blue Shield Association.