Anthem Blue Cross and Blue Shield Select Drug List

Your prescription drug benefit includes coverage for medicines that you'll find on the Select Drug List. You can often find more savings when your doctor prescribes medicine that is on our Select Drug List. Here are some commonly asked questions and answers about how the Select Drug List works with your prescription drug plan.

Q. What is a Select Drug List?
A. The Select Drug List, also called a formulary is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the National Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our Select Drug List. This group meets regularly to review new and existing drugs and they choose the top drugs for our list—based on their safety, how they work and their value.

Because the drugs on our list are reviewed from time to time, it’s a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to anthem.com.

Q. What are Tiers?
A. Drugs on the Select Drug List are grouped into tiers. There are several factors that are used to determine under which tier a drug will be put in. This can include (but it’s not limited to):

- Cost of the drug
- Cost of the drug in comparison to other drugs used for the same type of treatment
- Availability of over-the-counter options
- Other clinical and cost factors.

Q. What is a brand-name drug?
A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

Q. What is a generic drug?
A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength.

Q. What if my medication is not on the Select Drug List?
A. You may want to first check with your doctor about prescribing a drug that is on the Select Drug List. If your doctor prescribes a drug that's not on the Select Drug List, you will have to pay the amount described in your policy for non-formulary drugs.

Q. Can I request that a drug be added to the Select Drug List?
A. You or your doctor can put in a request to add a drug to the Select Drug List. You can do this either in writing or on our website. Requests are reviewed by the P&T Process team during the Select Drug List review. Please note that if a drug request is approved, it does not guarantee coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your insurance Certificate or Evidence of Coverage to know for sure.

Preventive Care Drugs: We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA).

Please note: 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 non-covered product. Anthem has criteria that permits a member to obtain a non-covered medication in a closed drug list plan. If specific criteria are met, a member can receive a non-covered drug for a drug list co-pay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. An appeals process is in place for any medications that do not meet the criteria.
For more information about your drug plan, you can do the following:

- Go to anthem.com.
- Call Customer Service at the number on your ID card.
- Speech and hearing impaired users (TDD/TTY) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m., ET.

**TIER DEFINITIONS**

**Tier 1** drugs have the lowest cost share. These drugs offer the greatest value compared to others that treat the same conditions.

**Tier 2** drugs have a medium cost share. They may be preferred drugs, based on their effectiveness and value. Some are newer, more expensive generic drugs.

**Tier 3** drugs have a higher cost share. They may cost more than others used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

**Tier 4 specialty drugs have the highest cost share.** They may cost more than others used to treat the same condition. Tier 4 may also include drugs that were recently approved by the FDA. Specialty drugs are used to treat complex, chronic conditions and may need special handling.
Quinidine sulfate, ER
Quinapril
Pyridostigmine
Propranolol HCTZ
Promethazine-DM syrup
Promethazine/ codeine syrup
Pramipexole
Pravastatin QL DO
Praxolin
Prednicarbate
Prednisolone eye drops
Prednisolone oral soln.
Prednisone
Prenatal Vitamins (all generic covered)
Primidone
Probenecid
Probenecid/codeine syrup
Procentra QL
Prochorperazine tab
Progesterone, micronized cap
Promethazine tab, suppository, syrup
Promethazine VC syrup
Promethazine VC syrup with codeine
Promethazine/codeine syrup
Promethazine-DM syrup
Propranolol ER
Propranolol HCTZ
Propranolol tab, oral soln.
Propylthiouracil
Protriptyline
Pyrazineamide
Pyridostigmine
Quetiapine PA
Quinapril
Quinapril/ HCTZ
Quinidine sulfate, ER
Quinine sulfate PA QL
Rampiril
Ranitidine 150, 300mg tab, cap
Ranitidine oral soln.
Rifampin
Rimantadine
Risperidone, ODT, oral soln. PA
Rizatriptan, D OT QL
Ropinore, ER
Roxicet tab, caplet QL
Selegiline
Selenium sulfate 2.5% lotion, shampoo
Sertraline QL DO
Silver sulfadiazine cream
Simvastatin 80mg PA QL DO
Simvastatin QL DO
Sodium polystyrene sulfate 30g/120mL enema
Sodium polystyrene sulfate powder
Sodium polystyrene sulfonate
Sodium sulfacetamide/sulfur
Sodium sulfacetamide/sulfur/urea
Spirosad
Spironolactone
Sucralfate
Sulfacetamide eye drops, oint.
Sulfacetamide sodium
Sulfacetamide sodium/prednisolone eye drops
Sulfacetamide sodium/sulfur
Sulfacetamide sodium/sulfur/urea
Sulfacetamide sodium/urea
Sulfacetamide sodium/urea
Sulfamethoxazole/trimethoprim, DS
Sulfasalazine
Sulindac
Sumatriptan tab QL
Tamsulosin
Taztix XT QL DO
Terazosin
Terbinafine tab PA
Terbutaline tab
Teronazole
Tetracycline caps
Theochron ER
Theophylline ER, oral soln.
Thioridazine PA
Thiotixene PA
Ticlidopide
Timolol eye drops, gel
Timolol tab
Tizanidine
Tobramycin eye drops
Tobramycin/dexamethasone eye drops
Tolazamide
Tolbutamide
Tolmetin
Tolterodine
Topiramate PA
Torsemide tab
Trandolapril
Tranexamic acid 650mg
Tranylcypromine
Trazodone
Tretinoin cream, gel PA
Triamcinolone cream, lotion, oint.
Triamcinolone nasal spray QL
Triamcinolone paste
Triamterene/HCTZ
Trifluoperazine PA
Trifluridine eye drops
Trihexyphenidyl
Trimethobenzamide cap
Trimethoprim
Trimipramine
Tropicamide eye drops
Unithroid
Valacyclovir
Valproic acid cap.
oral soln.
Valsartan/HCTZ PA QL DO
Venlafaxine
Venlafaxine, ER QL DO
Verapamil tab, ER PM QL DO
Verapamil tab, ER tab, cap
Vicodin, ES, HP QL
Warfarin
Westroid
Zafirlukast
Zaleplon ST QL
Ziprasidone PA
Zolpidem (immediate release) QL
Tier 2
Accu-Chek Products
Advair Diskus, HFA QL
Anaspaz ODT
Asmanex Twisthaler QL
Bethehexol tab
Bromfenac eye drops
Budesonide EC
Buprenorphine syringe, vial
Calcitonin QL
Calcium acetate tab
Cefpodoxime
Ceftin
Cilastal
Clozapine, ODT PA
Danazol
Dantrolene
Demeclocycline
Desipramine
Dronabinol
Dufera QL
Eligoss
Entacapone
Epiner, Jr.
Eplerenone
Ergoloid
Etidronate
Evista
Fentanyl patch ST QL
Flecainide
Flevo HFA QL
Flevo QL
Fortical nasal spray QL
Gabapentin
Galantamine, ER QL
Glucagen
Granisetron tab QL
Hulalog
Hulalog Mix
Humulin N, R, 70-30
Itraconazole PA
Ketorolac inj. QL
Lantus
Lantus Solostar
Levalbuterol neb soln.
Levemir
Levetiracetem
Levetiracetem ER PA QL
Levocarnitine tab, oral soln.
Levorphanol tab QL
Methenamine hippurate
Mexiletine
Morphine sulfate ER QL
Nateglinide PA
Nimodipine
Nitroglycerin spray
Nitrosat
Novin N
Novolog
Novolog Mix
Olanzapine tab, ODT PA
Ondansetron tab, ODT, oral soln. QL
One Touch Product Line
Oxandrolone PA
Pantoprazole QL
Pilocarpine tabs
Proair HFA ST QL
Propafenone
Prudoxin
Pulmicort 1mg/2mL suspules QL
Pulmicort Flexhaler QL
Qvar QL
Relenza QL
Rivastigmine QL
Serevent Diskus QL
Sotolol tab, AF tab
Sulfadiazine
Sumatriptan inj QL
Symbricort QL
Tamiflu QL
Tiagabine PA
Tramexem acid
Trospium chloride ER ST
Ursodiol
Valcyte 450mg
Vancomycin caps PA
Voriconazole tab PA
Zephep
Zonisamide
Tier 3
Abilify tab PA
Acitretin QL
Actonel ST QL
Aczone
Aggrenox QL
Alamast PA
Albenza
Alinia
Alocril PA QL
Alomide PA QL
Altabax
Amitiza
Anadrol-50
Androgel PA QL
Antivert 50mg
Anzemet tablet QL
Apidra, Solostar ST
Apriso ER
Arcapta Neshaler QL
Arestin
Atacand PA QL DO
Avanda ST QL
Avodart
Axert ST QL
Azelex PA
Azilect
Azopt
Bactocill
Banzel QL
Benicar PA QL DO
Bepreve PA QL
Besiva
Beyaz ST
Biltricide
Brilinta QL
Browna QL
Buphenyl tablet PA
Butrans QL
Bydureon ST QL
Bystolic
Cambia QL
Campral†
Cantil
Catapres
Cedax
Celebrex ST QL
Celebrit
Celenst
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**KEY**

† = A generic equivalent of this drug recently became available or will be available soon. After the generic drug becomes available and notification requirements are met, this brand-name drug may no longer be covered by your prescription drug plan. Check anthem.com to find out about changes in tier status.

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.

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 more information, please visit 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 p.m., ET.
- For the most current version of this Selected Drug List, please visit anthem.com.