

Prescription Program

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

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.

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. – 5:00 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

KEY

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.

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 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	Cefaclor	Dexmethylphenidate	Ethinyl estradiol/ norethindrone PA	Guaifenesin
Acebutolol	Atenolol/chlorthalidone	Cefaclor ER	Dextroamphetamine	Ethosuximide	Guaifenesin SR
Acetaminophen/caffeine/ butalb	Atropine sulfate	Cefadroxil	Dextromethorphan/ guaifenesin	Etodolac	Guaifenesin/dextrometh
Acetazolamide, SR	Aviane PA	Cefdinir	Diazepam	Etodolac ER	Guaifenesin/hydrocodone
Acetic acid	Azathioprine	Cefditoren	Diclofenac potassium	Etoposide	Guanabenz
Acetic acid/aluminum acetate	Azelastine QL	Cefepime	Diclofenac sodium Ophth.	Famciclovir	Guanfacine
Acetic acid/ hydrocortisone	Azelastine nasal QL	Cefprozil	Diclofenac, ER	Famotidine	Halobetasol
Acetic acid otic	Azithromycin QL	Cefuroxime QL	Dicloxacillin	Felodopine DO, QL	Haloperidol
Acetylcysteine	Bacitracin zinc/polymyxin B	Cephalexin	Dicyclomine	Fenofibrate	Heparin*
Acyclovir	Bacitracin/polymyxin/ neomycin-hc oph oint	Chloral hydrate	Didanosine	Fenofibric acid	Homatropine
Adapalene	Baclofen	Chlordiazepoxide	Diflorasone diacetate	Fenopropfen	Hyalalazine
Albuterol	Balsalazide	Chlorhexidine gluconate	Diffunisal	Fentanyl PA, QL	Hyalalazine/HCTZ
Albuterol/ipratropium	Belladonna/ phenobarbital	Chloroquine 250mg	Digoxin	Fexofenadine QL	Hydrochlorothiazide
Alendronate QL	Benazepril, HCTZ	Chlorothiazide	Diltia XT DO, QL	Fexofenadine/PSE 12hr QL	Hydrocodone w/ homatropine
Allopurinol	Benzoyl peroxide	Chlorpheniramine/ pseudoephedrine	Diltiazem	Finasteride	Hydrocodone/APAP QL
Alprazolam	Benzoyl peroxide/ clindamycin	Chlorpheniramine/ pseudoephedrine	Diltiazem CD DO, QL	Flecainide	Hydrocortisone 2.5% cream, ointment, lotion
Amantadine	Benzoyl peroxide/ erythromycin	Chlorpromazine tab	Diltiazem CR DO, QL	Fluconazole	Hydrocortisone enema
Amcinonide	Benzotropine	Chlorpropamide	Diltiazem SR DO, QL	Fludrocortisone	Hydromorphone
Amiloride	Betamet diprop/prop gyl	Chlorthalidone	Diphenhydramine 50mg	Flunisolide Nasal Spray	Hydroxychloroquine
Amiloride/ hydrochlorothiazide	Betamethasone dipropionate	Chlorzoxazone	Diphenoxylate/atropine sulfate	ST, QL	Hydroxyurea
Aminophylline	Betamethasone valerate	Cholestyramine, light	Dipivefrin HCl	Fluocinolone acetonide	Hydroxyzine HCL
Amiodarone	Betaxolol	Chorionic gonadotropin	Dipyridamole	Fluocinonide	Hydroxyzine PA moate
Amitriptyline	Bethanechol	Ciclopirox	Disopyramide	Fluorometholone	Hyoscyamine
Amitriptyline/ chlordiazepoxide	Bicalutamide	Cimetidine	Disopyramide CR 150mg	Fluorouracil	Ibuprofen
Amitriptyline/ perphenazine	Bisoprolol	Ciprofloxacin QL	Divalproex, ER	Fluoxetine DO, QL	Imipramine
Amitriptyline/ perphenazine	Bisoprolol/HCTZ	Citalopram DO, QL	Dorzolamide	Fluphenazine	Indapamide
Amlodipine DO, QL	Brimonidine	Clemastine fumarate	Dorzolamide/timolol	Flurazepam	Indomethacin, SR
Amlodipine/benazepril	Bromocriptine	Clindamycin	Doxazosin mesylate	Flurbiprofen	Ipratropium bromide neb soln/nasal spray QL
Amnesteem QL	Budeprion XL DO, QL	Clobetasol	Doxepin	Flurbiprofen sodium	Iron combination capsule
Amphetamine- dextroamphetamine	Bumetanide	Clomiphene	Doxycycline	Flutamide	Iron/intrinsic factor/B12
Amphetamine- dextroamphetamine ER ST^#	Buprenorphine QL	Clomipramine	Doxycycline monohydrate	Fluticasone Nasal Spray QL	Iron/B12/folic acid
Amoxapine	Bupropion	Clonazepam	Dronabinol	Folic acid	Isoniazid
Amoxicillin	Buspirone	Clonidine	Dyphylline	Fosinopril DO, QL	Isosorbide dinitrate
Amoxicillin/clavulanate, ER QL	Butalbital Compound w/Codeine	Clorazepate	Econazole	Fosinopril HCTZ	Isosorbide mononitrate
Amphetamine	Butorphanol tartrate 10mg/ml N.S. QL	Clozapine	Enalapril, HCTZ	Furosemide	Isotretinoin QL
Ampicillin	Cabergoline	Codeine sulfate	Enoxaparin	Gabapentin	Itraconazole PA
Anastrozole	Calcipotriene Soln.	Codeine/APAP QL	Ergotamine	Galantamine, SR	Ketoconazole
Antipyrine/benzocaine	Calcium Acetate	Colchicine	Ergotamine/belladonna/PB	Ganciclovir	Ketoprofen, ER
APAP/caffeine/butalbital	Captropil, HCTZ	Cromolyn	Erythromycin	Gemfibrozil	Ketorolac QL
Apri PA	Carbamazepine, ER	Cyclobenzaprine	Erythromycin base	Gentamicin	Ketorolac tromethamine
Asa/codeine	Carbidopa/levodopa	Cyclopentolate	Erythromycin/ ethylsuccinate	Gianvi PA	Labeltalol
Aspirin/caffeine/ butalbital	Carbidopa/levodopa CR	Cyclophosphamide	Erythromycin/ sulfisoxazole	Glimepiride	Lactulose
	Carisoprodol	Cyproheptadine	Estradiol	Glipizide XL	Lamotrigine
	Carteolol hcl	Danazol	Estradiol/ norethindrone PA	Glipizide/metformin	Lansoprazole QL
	Cartia XT DO, QL	Dantrolene	Estropipate	Glyburide	leflunomide
	Carvedilol	Desipramine	Ethambutol	Glyburide micronized	Leucovorin
		Desmopressin acetate	Ethinyl estradiol/ ethynodiol diacetate PA	Glyburide/metformin	Leuprolide PA*
		Desonide		Glycolax	Levalbuterol
		Desoximetasone		Granisetron QL	Levetiracetam

Adderall XR
 Advair Diskus, HFA **QL**
 Advicor **DO**
 Agenerase
 Akne-Mycin
 Aldara **QL**[†]
 Alkeran
 Alora
 Altabax
 Analpram HC Lotion
 Androderm **PA, QL**
 AndroGel **PA, QL**
 Antabuse
 Aricept
 Arimidex[†]
 Armour Thyroid
 Aromasin[†]
 Asacol, HD
 Asmanex **QL**
 Astelin **QL**[†]
 Astepro **QL**
 Atrovent HFA **QL**
 Avandamet **QL**
 Avandaryl **QL**
 Avandia **QL**
 Avinza **QL**
 Avodart
 AzaSite
 Azilect
 Azopt
 Baraclude
 Beptoptic S
 Betimol
 BiDil
 Blephamide
 Byetta **ST, QL**
 Calciferol drops
 Canasa
 Capitrol
 Carbatrol
 CeeNU
 Celcept
 Cenestin
 Ciprodex
 Climara Pro
 Clozaril
 CombiPatch
 Combivent **QL**
 Combivir
 Comtan
 Concerta
 Coreg XR
 Cortifoam
 Coumadin
 Creon
 Crestor **DO, QL**
 Crixivan
 Cuprimine
 Cymbalta **DO, QL**
 Cytadren
 Dapsone
 Daraprim
 Depakote, ER
 Derma-Smoothie, FS
 Detrol, LA
 Diastat[†]
 Dibenzylidene
 Differin **PA**[†]
 Dilantin
 Diovan **DO, QL**
 Diovan HCT **DO, QL**
 Dovonex cream
 Duac CS
 Duetact **QL**
 Dulera **QL**
 Effxor XR **DO, QL**[†]
 Effient **DO, QL**
 Elidel **ST**
 Emcyt
 Emtriva
 Entocort EC
 Epipen, JR.
 Epiriv
 Estraderm
 Estring
 Ethmozine
 Evamist
 Evista
 Evoxac
 Exelon[†]
 Exforge **DO, QL**
 Exforge HCT **DO, QL**
 Fansidar
 FazaClo ODT
 Felbatol
 Fem HRT
 Femara[†]
 Finacea
 Flomax[†]
 Flovent, HFA **QL**
 Fluoroplex
 FML Forte
 FML S
 Foradil **QL**
 Fortovase
 Fosamax Plus D **QL**
 Fosamax solution **QL**
 Fosrenol
 Furdantin
 Furoxone
 Fuzeon*
 Gabitril
 Gantrisin
 Geodon
 Gleevec **PA**
 Glucagon
 Glyset
 Halflytely
 Hectorol
 Humalog
 Humibid Cap Sprinkle
 Humulin N, R, 50/50,
 70/30
 Imitrex Nasal Spray **QL**
 Intal Inh.
 Invirase
 Iressa **PA**
 Jalyn
 Janumet **QL**
 Januvia **QL**
 Kaletra
 Keppra, XR
 Kuzyme
 Lamictal tab, chew 2 mg
 Lamictal tabs
 Lanoxicaps
 Lanoxin
 Lantus
 Leukeran
 Leukine **PA***
 Levaquin **QL**
 Levemir
 Levothroid
 Lexapro **DO, QL**
 Lexiva
 Lialda
 Lidoderm
 Lipitor **DO, QL**
 Loprox shampoo[†]
 Lotemax
 Lotrel (5/40 & 10/40mg)
 Lovaza
 Lumigan
 Matulane
 Maxalt, MLT **QL**
 Maxidex
 Medrol 2mg, 16mg, 32mg
 Menest
 Mephyton
 Mepron
 Mestinon timespan
 MetroGel
 Mintezol
 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
 Nuvigil **PA, QL**
 Oforta **PA**
 One Touch Product Line **QL**
 Onglyza **DO, QL**
 Ortho Evra **PA**
 Ortho Tri-Cyclen Lo **PA**
 OxyContin **QL**
 Pacerone
 Pancrease
 Pataday **QL**
 Patanol **QL**
 Pentasa
 Performist **QL**
 Plan B 1.5mg **QL**
 Plavix **QL**
 Plexion SCT
 Pramoxone 1% cream only,
 oint, lotion
 Prandin
 Pred Mild 0.12%
 Prefest
 Premarin oral, vaginal
 cream
 Premphase
 Prempro
 Prenate Elite
 Priftin
 Primaquine
 Pristiq **DO, QL**
 ProAir HFA **QL**
 Procanbid
 Prograf
 Prometrium
 Protopic **ST**
 Proventil HFA **QL**
 Pulmicort Respules **QL**
 QVAR **QL**
 Ranexa
 Rapamune
 Renagel
 Renvela tab
 Rescriptor
 Restasis
 Retin-A Micro **PA**
 Retrovir
 Reyataz
 Ridaura
 Rifamate
 Rifater
 Rilutek
 Risperdal Consta
 Sandimmune Oral
 Savella **QL**
 Serevent Diskus **QL**
 Seroquel, XR
 Singulair **QL**
 Skelaxin[†]
 Spiriva **QL**
 Sprycel **PA**
 Starlix
 Strattera
 Suboxone SL Tab,
 SL Film
 Subutex 8mg **QL**[†]
 Sular **DO, QL**
 Sustiva
 Sutent **PA**
 Symbicort **QL**
 Symbyax
 Symlin
 Synthroid
 Tarceva **PA**
 Tazorac
 Tegretol, XR
 Tekturna, HCT **DO, QL**
 Temodar **PA**[†]
 Teslac
 Testim **PA, QL**
 Thalomid **PA**
 Theo-24
 Tilade
 TOBI
 Tobradex oint.
 Topamax
 Toviaz
 Transderm-Scop
 Treximet **QL**
 Trilipix **QL**
 Trizivir
 TussiCaps
 Tussionex
 Pennkinetic ER
 Twinject
 Ultrase
 Uniphyl
 Uroxatral
 Vagifem
 Valcyte tabs
 Valtrex[†]
 Veltin
 Venlafaxine ER **DO, QL**[†]
 Veramyst **QL**
 VESicare
 Videx soln.
 Vigamox
 Viracept
 Viramune
 Viread
 Vivelle, Dot
 Voltaren gel
 Vyvanse **PA**
 Welchol
 Xalatan[†]
 Xeloda **PA**
 Xopenex Neb. Soln. (except
 1.25/0.5ml)
 Yaz **PA**[†]
 Yodoxin
 Zarontin
 Ziagen
 Zomig, ZMT **QL**
 Zortress
 Zovirax Oint
 Zylet
 Zyprexa, Zydys

Tier 3

Accolate	Beconase AQ ST, QL	Dipentum	Ketek	Omnaris ST, QL	Risperdal, M
Accupril	Benicar, HCT DO, QL	Dovonex Soln.	Kineret PA*	Omnicef	Rhinocort Aqua ST, QL
Accuretic	Benzaclin ST	Dynacirc, CR	Kristalose	Omnitrope PA, QL*	Roxicet QL
Aceon	Bepreve ST, QL^	Edex PA, QL	Kytril QL	Onsolis PA, QL	Rozerem ST, QL
Aciphex ST, QL^	Besivance	Edluar SL ST	Lamictal chew 5 & 25mg, XR	Opana	Ryzolt QL
Actemra PA	Betaseron ST*	Elestat QL^	Lamisil Spray	Opana ER QL	Saizen PA, QL*
Actimmune*	Biaxin XL	Eliphos	Lamisil Tablet PA	Optivar QL^	Sanctura, XR ST
Activella 1.0-0.5 PA	Boniva ST, QL	Elmiron	Lescol, XL ST, DO, QL	Oraxyl	Sancuso QL
Actiq PA, QL	Bystolic	Emadine QL^	Levitra PA, QL	Orencia PA*	Sandostatin LAR*
Acular, LS	Caduet DO	Embeda QL	Lipofen	Ovidrel PA*	Sarafem QL
Acuvail	Capex Shampoo	Emend QL	Livalo ST, DO, QL	Oxandrin PA	Seasonale PA
Adcirca PA	Capoten	Enablex ST	Loprox gel	Oxytrol ST	Serostim PA, QL*
Adderall	Capozide	Enbrel PA, QL*	Lorabid	Panretin	Simcor QL
Aerobid, M QL	Cardene, SR	Epiduo	Lotensin, HCT	Patanase QL	Simponi PA, QL
Aggrenox QL	Cardizem CD, LA DO, QL	Epogen PA*	Lotrel (2.5/10, 5/10, 5/20 & 10/20mg)	Parnate	Solodyn
Alamast QL^	Cardura, XL	Esclim	Lunesta QL	Paxil CR DO, QL	Somavert*
Alferon-N*	Casodex	Estrace vaginal cream	Lupron Depot PA*	Pegasys PA, QL*	Sonata ST, QL
Allegra, D QL^	Catapres TTS	Estrasorb	Luxiq	Peg-Intron PA*	Soriatane CK
Alocril QL^	Caverject PA, QL	EstroGel	Lyrica PA	Penlac PA	Spectracef
Alomide QL^	Cedax	Exelderm	Malarone PA	Phoslo	Sporanox Solution PA
Alphagan P	Ceftin QL	Factive QL	Marinol	Plan B 0.75mg QL	Stadol QL
Altace	Celebrex ST, QL	Femring	Mavik	Poly-Histine Elixir	Stelara PA, QL
Altoprev ST, DO	Cetrotide*	Fenoglide	Maxair QL	Poly-Pred	Striant PA
Alupent Inhaler	Chemet	Fentora PA, QL	Maxaquin QL	Prandimet	Subutex 2mg QL
Alvesco QL	Cialis PA, QL	Fibricor	Methergine	Pravigard	Sumavel Dosepro QL
Ambien QL	Cimzia PA, QL	First Testosterone	Methitest	Pred-G	Suprax QL
Ambien CR QL, ST	Cipro XR QL	Flector ST	MetroLotion	Precose	Synagis PA
Amerge QL	Clarinex, D QL^	Flonase QL	Miacalcin Spray QL	Prevacid ST, QL^	Synarel PA
Amevive PA*	Cleocin Vaginal Cream	Floxin Otic	Micardis, HCT DO, QL	Prevpac QL	Tamiflu QL
Amitiza	Climara	Fortamet	Migranal QL	Prilosec ST, QL^	Tarka
Ampyra*	Clobex	Forteo PA, QL*	Mirapex, ER	Primaxin QL	Tekamlo DO, QL
Anadrol-50 PA	Coartem	Fosamax tablets QL	Moban	Prinivil	Tequin QL
Android PA	Colazal	Fragmin*	Mobic QL	Prinzide	Tekamlo DO, QL
Antara	Colestid	Frova QL	Monopril/HCT	Procrit PA*	Testopel PA
Anzemet QL	Copaxone*	Gelnique ST	Multaq	Prolia	Testred PA
Apidra ST	Cordran Tape	Genotropin PA, QL*	Muse PA	Prostin E2 Supp	Teveten, HCT DO, QL
Aplenzin DO, QL	Coreg	Gilenya*	Myambutol	Protonix ST, QL^	Tev-Tropin PA, QL*
Apriso	Cosopt	Glumetza	Myfortic	Provigil PA, QL	Tiazac DO, QL
Aquachloral Suppnettes	Covera HS DO	Gonal-f, RFF*	Mysoline	Prozac, Weekly QL	Tobradex susp.
Aranesp PA*	Cozaar DO, QL	Grifulvin V	Nasacort AQ ST, QL	Pulmicort Flexhaler QL	Tobrex
Arixtra*	Crinone	Histex, SR	Nasarel QL	Pulmozyme	Toprol XL
Arthrotec ST	Cytoxan	Humatrope PA, QL*	Neumega PA*	Qualaquin PA, QL	Toradol QL
Atacand DO, QL	DDAVP injection	Humira PA, QL*	Niacor	Raptiva PA	Tricor
Atacand HCT DO, QL	Delatestryl*	Hypobin PA	Norditropin PA, QL*	Razadyne, ER	Tri-Nasal
Avalide DO, QL	Denavir	Hyzaar DO, QL	Noroxin QL	Rebif*	Triglide
Avapro DO, QL	Depen	Imitrex QL	Norvasc DO, QL	Relenza QL	Trileptal
Avelox QL	Depo-Estradiol*	Infergen* PA	Nucynta QL	Relpax QL	Trovan
Avonex*	Depo-Testosterone*	Innohep*	Nutropin, AQ PA, QL*	Remicade PA*	Trusopt
Axert QL	Dexilant (formerly Kapidex) ST, QL	Intron A PA*	Olux E	Renvela PAK	Twynsta
Azor DO, QL	Dexpak	Intuniv		Restoril	Uloric ST
	Dilaudid	K-Phos		Revatio PA, QL	Ultram, ER QL
		Kadian QL		Requip, XL	Uniretic

Univasc	Winstrol PA	Zyflo	Delatestryl	Infergen PA	Orencia PA
Urocit-K	Xerac AC	Zyprexa Relprevv	Delestrogen	Innohep	Ovidrel
Valcyte soln	Xifaxan PA		Depo Testosterone	Intron-A PA	Peg-Intron PA
Valturna DO, QL	Xolair PA*	Tier 4	Depo-Estradiol	Iplex PA	Pegasys PA, QL
Vaseretic	Xopenex HFA QL	Actimmune	DHE 45	Kineret PA	Pregnyl
Vasotec	Xopenex Neb. Soln. 1.25/0.5ml	Alferon-N	Edex PA, QL	Leukine PA	Procrit PA
Ventavis PA	Xyzal ST, QL^	Amevive PA	Eligard PA	Leuprolide PA	Profasi
Ventolin HFA QL	Yasmin PA	Ampyra	Enbrel PA, QL	Lovenox	Rebif
Verelan PM DO, QL	Zegerid ST, QL^	Antagon	Epogen PA	Lupron, Depot PA	Remicade PA
Vesanoid	Zerit	Apokyn	Fertinex	Luveris	Repronex PA
Vexol	Zestoretic	Aranesp PA	Follistim AQ	Menopur	Roferon-A PA
Vfend PA	Zestril	Arixtra	Forteo PA, QL	Methotrexate	Saizen PA, QL
Viagra PA, QL	Zetia ST, QL	Avonex	Fragmin	Metrodin	Sandostatin LAR
Victoza ST, QL	Zithromax QL	Betaseron	Fuzeon	Miacalcin injection	Serostim PA, QL
Videx EC	Zmax QL	Bravelle	Genotropin PA, QL	Neulasta PA, QL	Somavert
Vimovo QL	Zocor DO	Caverject PA, QL	Gilenya	Neumega PA	TevTropin PA, QL
Vivactil	Zofran QL	Cetrotide	Gonal-f, RFF	Neupogen PA	Tobramycin
Voltaren Ophth	Zoladex PA	Chorionic Gonadotropin	Heparin	Norditropin PA, QL	Vitamin B12
Vytorin ST, QL	Zoloft DO, QL	Colistimeth	Humatrope PA, QL	Novarel	Vivaglobulin PA
Wellbutrin, SR	Zorbtive PA, QL*	Coly-Mycin	Humira PA, QL	Nutropin, AQ PA, QL	Xolair PA
Wellbutrin XL DO, QL	Zyclara QL	Copaxone	Increlex PA	Omnitrope PA, QL	Zorbtive PA

KEY

Non-formulary in Indiana only

† 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 will become non-formulary/Tier 3 or may no longer be covered by your prescription drug plan. Check anthem.com to find out about changes in formulary status.

^ 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 website, anthem.com, for details on coverage.

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

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 formulary, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the formulary by at least one medication. When a closed formulary is in effect, only medications that are included on the formulary are a covered service. In certain clinical situations, a member may require use of a non-formulary product. Anthem has criteria that permits a member to obtain a non-formulary medication in a closed formulary plan. If specific criteria are met, a member can receive a non-formulary drug for a formulary copay. The criteria preserves the clinical integrity of the drug formulary and provides a process by which deviations from the formulary may be allowed. An appeals process is in place 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**

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