Select Drug List

4 Tier Formulary
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. Is this list a complete listing of all covered drugs under the Select Drug List?
A. No. This piece lists the most commonly used drugs that are covered as part of the Select Drug List. If the drug you are looking for is not listed, you may call customer service for more information.

Q. What do I do if I am prescribed or currently taking a prescription drug that is not on the Anthem Select Drug List?
A. If you are prescribed or currently taking a non-formulary drug, you should discuss formulary alternatives your physician. If your physician feels that the medication is medically necessary, it will be necessary to obtain Prior Authorization of Benefits in order for the prescription to be a covered benefit. Information is available to you and your physician through the Certificate or Evidence of Coverage, health plan web site and newsletters. You may also call customer service for more information.

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.

Q. What if my medication is not covered?
A. You may want to first check with your doctor about prescribing a drug that is covered. If your doctor prescribes a drug that’s not covered, you will need to pay the out of pocket cost that applies to drugs not on the formulary.

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 with the lowest cost share. These drugs offer the greatest value compared to others that treat the same conditions.

**Tier 2**

- Drugs with 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 with 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 with 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.

**Tier 1**

- Acebutolol
- Acetazolamide
- Acetazolamide tab, ER cap
- Aclidinium bromide
- Aclidinium/peroracoxib ER
- Aclidinium/peroracoxib cap
- Aclidinium/peroracoxib tab
- Aclidinium/peroracoxib syrup
- Aclidinium/peroracoxib suspension
- Aclidinium/peroracoxib oral soln.
- Aclidinium/peroracoxib oral drops
- Aclidinium/peroracoxib oral spray
- Aclidinium/peroracoxib oral suspension
- Aclidinium/peroracoxib oral gel
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Gengraf, Gilotrif, Gleevec PA, Hepsera†, Hexalen, Humira PA QL, Hycamtin caps, Hydroxyurea, Iclusig PA, Infergen, Inlyta PA, Intelegence, Invirase, Isentress, Jakafi PA, Kaletra, Kineret PA, Kuvan PA, Lamivudine, Lamivudine/zidovudine, Letairis PA, Letrozole, Leucovorin tab, Leukeran, Leuprolide PA, Lexiva, Lomustine, Lysodren, Matulane, Mekinist PA, Melphalan, Mercaptopurine, Methotrexate tab, Mycophenolate, Myleran, Neulasta PA QL, Nevirapine, Nexavar PA, Nilandron, Norvir, Oferta, Orecia PA QL, Orfadin, Pegasys PA QL, Pegintron PA, Pomalyst, Presista, Promacta PA, Pulmozyme PA, Rebif PA, Rebif Rebif dose PA, Remicade PA, Remodulin PA, Rescriptor, Revlimid PA QL, Reyataz, Ribavirin PA, Rituxan PA, Selzentry, Sensipar, Sildenafil 20mg tab PA, Simponi Aria PA QL, Simponi PA QL, Sprycel PA, Stavudine, Stivarga PA, Sustiva, Sutent PA, Tabloid, Tafinlar, Tamoxifen, Tarceva PA, Tasigna PA, Tev-Tropin PA, Thalomid PA, Tobi, Topotecan, Trelstar Depot PA, Trelstar PA, Tretinoin 10mg capsule, Trizivir, Tykerb PA, Tysabri, Vandetanib PA, Viread PA, Votrient PA, Xalkori PA, Xeloda PA, Xtandi PA, Zelboraf PA, Zidovudine, Zolinza PA, Zylog PA.

**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.
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- For the most current version of this Selected Drug List, please visit anthem.com.