Preferred Drug List

January 2014

How to use Anthem’s Formulary

Anthem’s Formulary lists the brand name or generic name of a given drug. If a medication does not appear on this formulary, the medication will require prior authorization to be covered under the pharmacy benefit. A prior authorization form will need to be completed by the prescriber and submitted to Anthem before the prescription may be filled. To obtain the Prior Authorization form and a list of drugs which require prior authorization, please go to the website, www.anthem.com. Alternatively, you can contact the Express Scripts Customer Care at 1-800-662-0210 for more information.

Contact Information

Questions about Anthem’s Formulary, please contact Express Scripts Customer Care Center at 1-800-662-0210 for more information. Hours of operation are Monday through Friday 9 a.m. to 7 p.m. and Saturday and Sunday 8 a.m. to 8 p.m. In addition, regular updates to the Formulary are available by visiting www.anthem.com.

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Introduction

Anthem Blue Cross and Blue Shield's (Anthem's) Healthy Indiana Plan (HIP) Formulary for Buy-In Level One members includes medications available in the pharmacy benefit. These formulary medications are commonly prescribed drugs chosen by Anthem for their quality and effectiveness. Select drugs may require prior authorization. Anthem's Formulary is updated quarterly. To check for regular updates to the formulary, please visit our website at www.anthem.com, under Providers | Spotlight, select the State Sponsored Plans link. Click the link to Healthy Indiana Plan and select the second link under Pharmacy. Alternatively, you can contact the Express Scripts, Inc. Customer Care at 1-800-662-0210.

Brand Name vs. Generics

A brand name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand name drug. A generic drug has the same active ingredients as its brand name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand name equivalent in color and/ or shape. Both brands and generics have to meet the same strict safety, purity and performance standards governed by the FDA.

Quantity Supply Limit

Quantity supply limit is the maximum amount of a drug that can be dispensed at the pharmacy at a given time. Anthem has a prior authorization program that adheres to FDA approved dosing guidelines. If a prescribing provider feels that a quantity supply greater than the defined maximum is medically necessary, then the prescriber is directed to submit a written prior authorization in order to validate the medical rational for exceeding the recommended dosage.

Dose Optimization

The Dose Optimization Program identifies claims where multiple capsules or tablets per day are being used and encourages an optimal dose, and in some situations a single daily dose. Claims submitted with the quantity exceeding the set limit without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Prior Authorization

Prior Authorization is designed to encourage appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen or have lower cost alternatives. Drugs that have high side effect potential, those that should be reserved for specific FDA indication, or those that have a high misuse or abuse potential are also included in the program. If a brand name drug has a FDA approved generic equivalent available, Anthem also requires prior authorization to promote the utilization of appropriate generic alternatives as first line therapies when medically appropriate. Prior to dispensing any multi-source brand, physicians are required to consider using its preferred generic alternative. Multi-source brand name drug with a generic alternative will require a written prior authorization for benefit coverage based on medical necessity.

Select medications on the formulary may require prior authorization. Medication utilization must meet FDA approved indications as well as Anthem guidelines. If a medication requires prior authorization, a Prior Authorization form needs to be completed by the prescriber for submission to Anthem. To obtain Prior Authorization form and a list of drugs which require prior authorization, please go to the website, www.anthem.com. Alternatively you can contact the Express Scripts Customer Care at 1-800-662-0210 or Prior Authorization at 1-800-338-6180 for more information. Completed prior authorization forms may be faxed to 1-800-601-4826.

Narrow Therapeutic Drugs

Certain medications require that a physician carefully monitor the dosage to achieve optimal effect while preventing adverse side effects. For these select few drugs, the recommendation is to NOT switch between the brand and generic version of the drug.

The following is a list of narrow therapeutic index drugs: Amiloride, Thyroid, Coumadin, Zantac, Carbatrol, Creon, Dilantin, Lanoxin, Levothyrox, Neoral, Pancrease, Sandimmune, Synthroid, Trangrelol, Utrase, Trangrelol XR, Lanoxin, Ekalith, Ekalith CR, Lithobid, Phenytek, Theophylline products, Depakene, Unithroid, Clozoril, Cordarone, and Pacerone.

Anthem’s Medicaid pharmacy benefit will provide coverage for these brand-name medications for members currently on the brand-name version.

How to Use Anthem's Medicaid Preferred Drug List

Anthem's Medicaid Preferred Drug List lists the brand name or common name of a given drug. If a medication does not appear on this Preferred Drug List, the medication will require prior authorization to be covered under the pharmacy benefit. A prior authorization form will need to be completed by the prescriber and submitted to Anthem Medicaid before the prescription may be filled.

To obtain the prior authorization form and a list of drugs that require prior authorization, please go to the website, www.anthem.com. Alternatively, you can contact Express Scripts’ Customer Care at 1-800-662-0210 for more information.

Contact Information

If you have questions about Anthem’s Medicaid Preferred Drug List, please contact Express Scripts’ Customer Care at 1-800-662-0210 for more information. Hours of operation are Monday through Friday 7 a.m. – 12 a.m. and Saturday and Sunday 8 a.m. to 8 p.m. In addition, regular updates to the Preferred Drug List are available by visiting www.anthem.com.

Thank you for your cooperation.

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Key

Generic medications — lower case
Brand name medications — Leading Capital Letter and Bold
Prior Authorization Required — PA
Quantity Supply Limit — QSL
Dose Optimization — OTT
1.0 ANALGESICS
AGENTS FOR MIGRAINE
acetaminophen/codeine/butilb®,
apap/codeine/butilbital/codeine®
as/codeine/butilbital
butilbital/compound w/codeine®
butilbital/as/codeine/codeine®
butilbital NS®
Dekpa ER
divalprox
ergotamine w/codeine
sumatriptan oral®
OMAROS
cypramine

cyclophosphamide
Enbrel®
Humira®
hydroxychloroquine
leflunomide
methotrexate oral
prednisone
sulfasalazine
GOUT MEDICATIONS
allopurinol
colchicine
colchicine/probenecid
probenecid
sulfinpyrazone
MISCELLANEOUS ANALGESICS
acetaminophen
tramadol®
tramadol/APAP®
NARCOTIC ANALGESICS
codeine sulfate, phosphate
fentanyl patch®
hydromorphone
levoheroin tartrate
meperidine
morphine sulfate®
morphine SR®
oxycodone IR®
pentazocine NX
NARCOTIC ANALGESIC COMBINATIONS
asa/codeine
codeine/apap®
hydromorphone/apap®
oxycodone/apap®
oxycodone/aspirin®
pentazocine/apap
NONSTEROIDAL ANTINFAMMATORIES
diclofenac potassium
diclofenac ER®
fenoprofen
flurbiprofen
ibuprofen
indomethacin SR
ketoprofen, CR
ketorolac®
mefloquine
mefloquine
Primaquine
primarque phosphate
ANTIPROTEOGLS
pantamidine isethionate
ANTITUBERCULOSIS
ethambutol
isoniazid
Mycobutol
Mycobutin
Priftin
pyrazinamide
Rifamate
rifampin
Rifater
ANTIVIRALS
acyclovir
amantadine
Baraclude®
Complera
Epivir HBV®
Epizicon
Fuzeon
ganciclovir
Rebetol solution®
Relenza®
rivaroxib capsules®
rimevantadine
Tamiflu®
Truvada
valacyclovir®
Valcyte
Viracept
Cephalexin
ceftriaxone
cephalexin
cefprozil
TETRACYCLINES
doxycycline hyclate
doxycycline monohydrate
minocycline
tetracycline age 8 & up
TOPICAL ANTIBIOTICS
gentamicin
mupirocin ointment
silver sulfadiazine
URINARY ANTINFECTIVES
methenamine
nitrofurantoin
trimethoprim
MISCELLANEOUS ANTINFECTIVES
clindamycin
Mepron
eowmycin
Tobi
4.0 ANTIHEMOPLASTICS/IMMUNOSUPPRESSANTS
ALKYLATING AGENTS
Alkeran
CeeNu
cyclophosphamide
Hexalen
Leukeran
Myleran
ANTINEOPLASTIC - HORMONAL AGENTS
Temodar
ANTINEOPLASTIC - HORMONAL AGENTS - ANDROGENS
Teslac
ANTINEOPLASTIC - HORMONAL AGENTS - ANTIANDROGENS
bicatamidem
flutamide
ANTINEOPLASTIC - HORMONAL AGENTS - ANTIESTROGENS
Tamoxifen
ANTINEOPLASTIC - HORMONAL AGENTS - AROMATASE INHIBITORS
anastrozole - females only
 exemestane - females only
ANTINEOPLASTIC - HORMONAL AGENTS - PROGESTINS
megestrol
ANTIMETABOLITES
cytarabine
mercaptopurine
methotrexate
Thioguanine
IMMUNOSUPPRESSANTS/IMMUNOMODULATORS
azathioprine
cyclosporine
Neoral
prednisone
tacrolimus
MISCELLANEOUS ANTINEOPLASTICS
Emcy
etoposide
hydroxyurea
Gleevec
leucomycin
Lysodren
leuprolide acetate
Matulane

5.0 CARDIOVASCULAR AGENTS
ACE INHIBITORS
ACE COMBINATIONS
benazepril/benazepril hctz
captopril/captopril hctz
eenalapril/enalapril hctz
ofosinopril/fosinopril hctz
lisinopril/lisinopril hctz
moexipril/moexipril hctz
quinapril/quinapril hctz
ramipril
trandolapril
ANGIOTENSION RECEPTOR BLOCKERS (ARBs) AND ARB COMBINATIONS
losartan/losartan + HCTZ
ALPHA BETA BLOCKERS
carvedilol
labetalol
CENTRALLY ACTING AND COMBINATIONS – ANTIADRENERGICS
clonidine
guanfacine
methyldopa/methyldopa hctz
ANTIADRENERGICS – PERIPHERALLY ACTING
doxazosin
prazosin
terazosin
HMG CO A REDUCTASE INHIBITORS (STATINS)
lovastatin
gemfibrozil
FIBRATES
fenofibrate
bicarbonate
BILE ACID SEQUESTRANTS
cholestyramine
cholestyramine fite
colestipol granules

ANTIARRHYTHMICS
amiodarone
Cordarone
digoxamine CR
ethacrynic
mexitelene
Pacemaker
propanenorene
quinidine glucurate
quinidine sulfate
sotalol
BETADRENERGIC ANTAGONISTS
acebutolol
doxazosin/atenolol/chlorthalidone
delavallol
bisoprolol; bisoprolol/hctz
metoprolol; metoprolol/hctz
nadolol
pin dolol
propranolol; propranolol/hctz
timolol
CALCIUM ANTAGONISTS
amlodipine, amlodipine/atenolol
diltiazem; diltiazem CR;
diltiazem CD; diltiazem SR
felodipine
nicardipine
nifedipine; nifedipine ER
verapamil; verapamil SR
CARDIAC GLYCOSIDES
digoxin
digoxin
Lanoxin
DIURETICS
amiloride, amiloride/hctz
bumanolide
chlorothiazide
furosemide
hydrochlorothiazide
indapamide
methylochlorothiazide
metolazone
spironolactone
spironolactone/hctz
triamterene/hctz
NITRATES
isosorbide dinitrate
isosorbide mononitrate
nitroglycerin ointment
nitroglycerin patch
nitroglycerin SL
NitroGLuconal
PHEOHROMOCYTOMA AGENTS
Dibenzyline
PERIPHERAL VASODILATORS AND COMBINATIONS
hydralazine; hydralazine/hctz
moxidil
PRESSORS
midozinir

6.0 CENTRAL NERVOUS SYSTEM AGENTS
ANTIANXIETY
aprazolam IR only
bupropion
chloridiazepoxide
clonazepam
clorazepate
clorazepate PR
diazepam
hydroxyzine pamoate
lorazepam PR
meperidine
oxazepam
ANTICONVULSANTS – BARBITURATES
phenobarbital
PRIMIDONE
ANTICONVULSANTS – HYDANTOINS
Dilantin
Phenytoin
phenytoin extended
ANTICONVULSANTS – SUCCINIMIDES
ethosuximide
Zarontin
ANTICONVULSANTS – MISCELLANEOUS
Carbamazepine
Clonazepam
Diazepam
Depakote; Sprinkles; ER
Diastat
Divalproex
Felbital
Gaba
Gabitril
lamotrigine
levetiracetam
Levetiracetam XR
Oxcarbazepine
Telegret, Telegret XL
Topamax
Topiramat
Valproic acid
zonisamide
ANTIDEPRESSANTS – MAO INHIBITORS
Nardil
ANTIDEPRESSANTS – SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS
Venlafaxine, ER
ANTIDEPRESSANTS – SSRISS
Citalopram
Fluoxetine
Fluciprazine
Paroxetine
Sertaline
ANTIDEPRESSANTS – TRICYCLICS
amitriptyline
amitriptyline/perphenazine
amoxapine
clomipramine
desipramine
doxepin
imipramine
nortriptyline
ANTIDEPRESSANTS – MISCELLANEOUS
amitriptyline/chlordiazepoxide
buproprion; SR
mirtazpine
maprotine
nefazodone
Trazodone
ANTIEMETIC AND ANTIVERTIGOS
Compazine Syrup
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promazine age 2 & up
Transderm Scop
ANTIINFLAMMATORY AGENTS
lithium
ANTIPARKINSON AGENTS
amantadine
bromocriptine
carbidopa/levodopa CR
Comtan
diphenhydramine 50mg
pergolide
pramipexole
ropinirole
selegeline
triexylenidyl
ANTIPSYCHOTICS AGE 6 & OVER
Abilify, Discmelt
chlorpromazine
clozapine
fluphenazine
haloperidol
lozapine
olanzapine
perphenazine
quetiapine
risperidone org
Risperdal M tab
thioridazine
thiothixene
trifluoperazine
trazadosone
ALZHEIMER’S AGENTS
Donepezil, OD
SEDATIVE AND HYPNOTICS
clorazapam
flurazepam
temazepam
triazolam
zolpidem
STIMULANTS AND AGENTS FOR ADHD
amphetamine mixed salts
Concerta
Dexmethylphenidate/amphetamine ER
Dextroamphetamine CR
methylphenidate SR
Strattera
SUBSTANCE ABUSE
Antabuse
Buprenorphine SL
nafton
Subutex
MISCELLANEOUS CNS HYDROXYLUMINE
ANTACID
isotretinoin
benzyol peroxide
benzoyl peroxide/urea
Differin®
erythromycin/benzoyl peroxide
clindamycin
eythromycin
metronidazole cream
sodium sulfacetamide/sulfur
tretinoin (age 12-35)
ORAL ANTI-INFLAMMATORIES
acyclovir
dexamethasone
hydroxyurea
ANTIPERSPIRANTS/ECZEMA/DERMATITIS
Dovonex®
Eidel®
methotrexate
selenium sulfide
Protopic®
BURN THERAPY
nitrofurazone
silver sulfadiazine
CORTICOSTEROIDS – TOPICAL
amcinonide
betamethasone dipropionate
betamethasone valerate
clobetasol
dexamethasone
desonide
dexaflumetason
diflucan sulfate
fluocinolone acetonide
fluocinolone ointment
fluocinonide
hydrocortisone
mometasone
triamcinolone acetonide
KERATOLYTICS
podofilox soln
MISCELLANEOUS
8-MOP
aluminum chloride soln
antitussin
fluorouracil
lactic acid
urea
SCABICIDES/PEDICULICIDES
permethrin
benzyl benzoate
piperonyl butoxide/pyrethrins (OTC)
8.0 EYES, EARS, NOSE, MOUTH AND THROAT
MOUTH AND THROAT/TEETH
doxycycline
lidocaine viscous
pilocarpine
stannous fluoride
triamcinolone acetonide
NASAL STEROIDS
flunisolide spray
fluticasone propionate
triamcinolone
NASAL MISCELLANEOUS
grapenthermone nasal spray
Nasacrom
OPHTHALMICS – ANTIALLERGY/DECONGESTANTS
cromolyn sodium
kotifon
OPHTHALMICS – ANTIBIOTICS
bacitracin zinc/polyoxymetion B
chloramphenicol
ciprofloxacin
eythromycin
gentamicin
neomycin/polymyxin/bacitracin
neomycin/polymyxin/gramicidin
ofloxacin
polyoxymetion B/thiometoprim
sulfacetamide solution
tobramycin
OPHTHALMICS – ANTIGLAUCOMA
aceazolamide
betaxolol
brimonidine
cartolol hcl
Cosopt
dipivefrin hcl
latanoprost
levobunolol
metipranolol
methazolamide
pilocarpine hcl
timolol
Trusopt
OPHTHALMICS – ANTIVIRALS
triamidine
OPHTHALMICS – ANTIMYCOBACTERIALS
dexamethasone
diclofenac
flurbiprofen sodium
neomycin/polymyxin/dexamethasone
neomycin/dexamethasone
neomycin/polymyxin/hydrocortisone
prednisolone
fluracine
sulfacetamide/sulfacetamide
OTC
acetic acid
acetic acid/aluminum acetate
acetic acid/ hydrocortisone
anhydrous benzocaine
Cerumenex
Ciprofloxacin
neomycin/polymyxin/hydrocortisone
ofloxacin otic
danazol
Testim Gel®
ANTITHYROID
propythiouracil
methimazole
OSTEOPOROSIS AGENTS
alendronate sodium
calcitonin (salmon, synthetic)
Evista
ESTROGENS AND ESTROGEN COMBINATIONS
estradiol
Estradiol TDS®
estriadiol-norethindrone
estriadiol-norethindrone
FemHRT
Femtrace
Menest
Pregest
Premarin (oral, cream)
Premphase
Prempro
GLUCOCORTICOIDS
dexamethasone
hydrocortisone
methylprednisolone
prednisolone
prednisone
triamcinolone
HYPERGLYCEMICS
Gluconon
HYPOGLYCEMICS
Actos
Glucophage
Metformin
Actos Plus Met®
Insulin
Januvia
Janumet
Januvia XR
Jentadueto
Dalvair
Novolin
Novolin N
NPH
THYROID
Armour Thyroid
Levothroid
Levothyroxine
Levoxy
Synthroid
thyroid
Unithroid
MISCELLANEOUS
Breeze 2
caisgrel
Contour
desmopressin
fluorocortisone
10.0 GASTROINTESTINAL AGENTS
ANTICHOLINERGICS/MOTILITY
Antispasmodics
bethanechol
dicyclomine
glycopyrrolate
hyoscyamine
metoclopramide
propantheline
ANTIDARRHEALS
diphenoxylate atropine
loperamide
paregoric
ANTINFAMMATORIES
Asacol
Colazal
Dipentum
Entocort EC
Hydrosol infusion
Zantac
Proctofoam – HC
sulfasalazine EC
H2 RECEPTOR ANTAGONISTS
cimetidine
ranitidine
PROTECTANTS
misoprostol
sucralfate
PROTON PUMP INHIBITORS
omeprazole
lansoprazole
pancrezole
LAXATIVES
bisacodyl (OTC)
docusate (OTC)
docusate/castatan (OTC)
glycolax
talcum
magnesium hydroxide (OTC)
polyethylene glycol-electrolyte solution
MISCELLANEOUS
Creon
dygase
Kuzuyme
mag hydroxalat hydroxat
simalene enema
Pancrease
pancrelipase
ursodiol
Ultrase
Viokase
11.0 BLOOD MODIFIERS
NUTRITIONAL AND ELECTROLYTES
PLATELET AGGREGATION INHIBITORS/ANTIAGGLUTIN/PVD
aspirin
anggiireide
cilostazol
14.0 SKELETAL MUSCLE RELAXANTS

SKELETAL MUSCLE RELAXANTS
bactofen
carisoprodol
clorzoxazone
cyclobenzaprine
dantrolene
diazepam
methocarbamol
orphenadrine
uzadinne

15.0 UROLOGICALS

UROLOGICALS
dimethyl sulfoxide
doxazosin
finasteride
flavoxate
meth/salicylate/atropine/hyos/benzoic
methylene/hyosc/meth blue/sod bisphos/phenyl sal
oxybutynin
phenazopyridine
tamsulosin
terazosin

18.0 IMMUNOLOGICALS, VACCINES AND BIOTECHNOLOGY DRUGS

INTERFERON/IMMUNOMODULATORS
Actimmune
Aldara
Avonex
Betaseron
Copaxone
Interferon
Intron A
Pegasys
Peg-Intron
Rebetol
Rebetron
Rebin
Roferon-A
Tysabri
HEMATOPOIETIC GROWTH FACTORS
Procrit

17.0 SMOKING CESSATION

nicotine patch, lozenge, gum (OTC)
buproprion