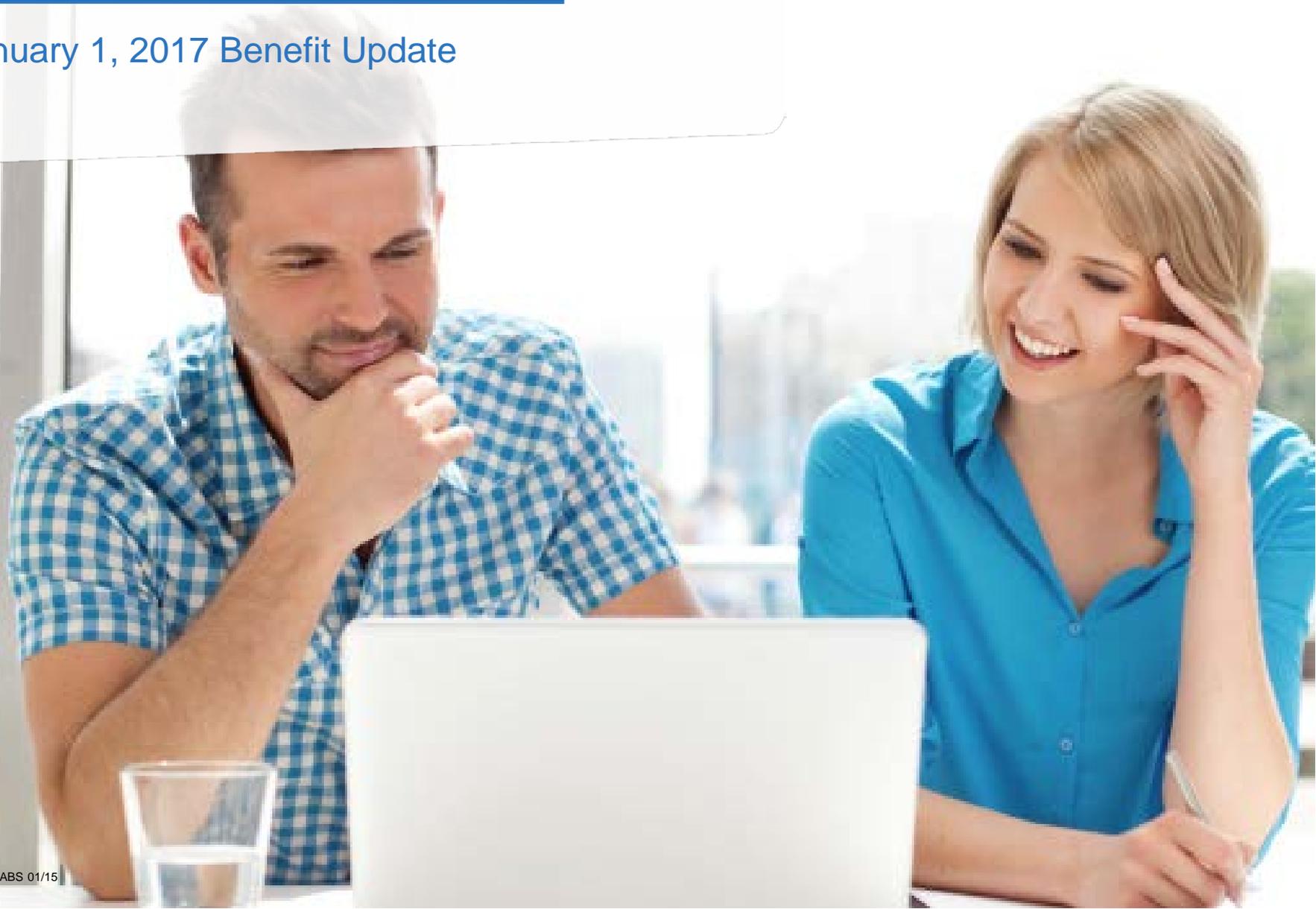


# Essential Drug Formulary

---

January 1, 2017 Benefit Update



# Prescription Drug Plan

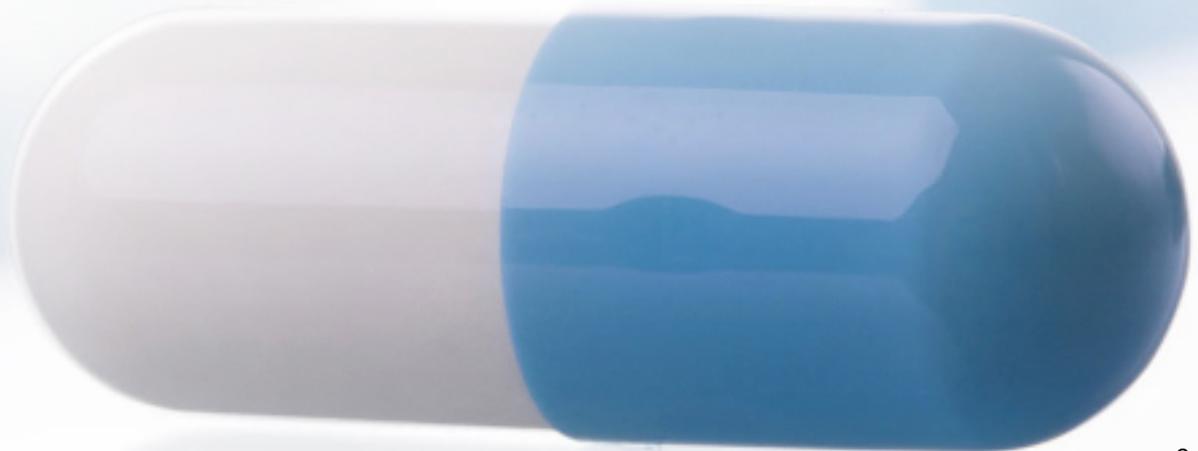
Anthem's pharmacy program includes 64,000 pharmacies across the country, plus a convenient mail order option.

## Save money

- Ask your doctor if there's a generic equivalent for the brand-name medications you've been using
- Get a 90-day supply of maintenance drugs via mail for less money than if you'd purchased your medication at a pharmacy

## Save time

- Refill your prescriptions online or over the phone
- Take advantage of home delivery



# Essential Rx Formulary

- Closed Formulary
- Offers a variety of brand and generic medication choices
- Maintains clinical integrity without compromising (medication) quality and safety
- Only medications on the Formulary are covered.
- Provides savings by excluding drugs that have a lower-cost formulary alternatives, or over-the-counter (OTC) alternatives
- Brand named drugs with generic equivalent are not covered.
- Not all generics are a Tier 1. Higher-cost generics are in the Tier 2 category.

# Essential Rx Formulary

## What to do if a medication is not on the Essential Drug List:

**Q.** What do I do if I am prescribed or currently taking a prescription drug that is not on the Essential Drug List?

**A.** If you are prescribed or currently taking a non formulary drug, you should discuss formulary alternatives with your physician. If your doctor 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 website and newsletters. You may also call Customer Service for more information.

# Is My Drug Impacted?

The following is a list of commonly prescribed medications that are non-formulary and would not be covered under the new Essential Formulary and would require Prior Authorization or use of the listed Alternative. This list is not the full list of excluded medications.

Drug class	Non-formulary drugs	Alternative(s)
ADHD/Stimulant	Adderall XR	amphetamine combo ER
Allergy/Nasal Steroid	budesonide & flunisolide nasal spray	Flonase Allergy*, Nasacort Allergy*
GLP1 (Diabetes)	Victoza	Bydureon & Byetta
Insulin (Diabetes)	Novolog	Humalog
Estrogen Hormone	Minivelle	estradiol patch
PPI (Gastrointestinal)	omeprazole, lansoprazole, pantoprazole, Nexium	omeprazole*, lansoprazole*, Nexium*
High Cholesterol	Crestor	atorvastatin (Lipitor)
Oral contraceptive	Minastrin FE & Lo Estrin FE	Multiple generic contraceptives
LABA combos (Respiratory)	Symbicort	Advair/HFA, Anoro Ellipta, Breo Ellipta & Dulera
Thyroid Hormone	Synthroid	levothyroxine

\*OTC – Available over the counter without a prescription required

# Is My Drug Impacted?

## Search [www.anthem.com](http://www.anthem.com)

1. Click “Resource”
2. Click “View, search, or print your drug list”
3. Click “Essential Drug List 4-Tier Searchable”
4. Type in Drug Name, hit “Search”
5. Click on Prescribed Drug to view information/prior authorization form (if applicable)

OR

1. Click “Resource”
2. Click “View, search, or print your drug list”
3. Click “Anthem Blue Cross and Blue Shield.pdf”, to get entire list

A search for alternatives can also be done on [www.anthem.com](http://www.anthem.com)

# Is My Drug Impacted?

				
<b>Adderall 10 Mg Tablet</b> <i>dextroamphetamine-amphetamine</i> 10 mg tablet	<a href="#">Central Nervous System Agents</a> <a href="#">CNS STIMULANT - AMPHETAMINE COMBINATIONS</a>	Tablet 10 mg		
<b>Adderall 10 Mg Tablet</b> <i>dextroamphetamine-amphetamine</i> 10 mg tablet	<a href="#">Central Nervous System Agents</a> <a href="#">ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</a>	Tablet 10 mg		
<b>Adderall 10 Mg Tablet</b> <i>dextroamphetamine-amphetamine</i> 10 mg tablet	<a href="#">Central Nervous System Agents</a> <a href="#">NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES</a>	Tablet 10 mg		
dextroamphetamine-amphetamine 10 mg tablet 	<a href="#">Central Nervous System Agents</a> <a href="#">ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</a>	Tablet 10 mg	TIER 1	 <a href="#">more info</a>  <a href="#">more info</a>
dextroamphetamine-amphetamine 10 mg tablet 	<a href="#">Central Nervous System Agents</a> <a href="#">CNS STIMULANT - AMPHETAMINE COMBINATIONS</a>	Tablet 10 mg	TIER 1	 <a href="#">more info</a>  <a href="#">more info</a>
dextroamphetamine-amphetamine 10 mg tablet 	<a href="#">Central Nervous System Agents</a> <a href="#">NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE SYMPATHOMIMETIC, AMPHETAMINES</a>	Tablet 10 mg	TIER 1	 <a href="#">more info</a>  <a href="#">more info</a>

These policies have exclusions and limitations to benefits and terms under which the policy may be renewed or discontinued. For costs and complete details of the coverage, contact your Benefits Administrator or Anthem.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. 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 New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (“BCBSWi”), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (“CompCare”), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Anthem Blue Cross is the trade name of Blue Cross of California. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association. Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Independent licensees of the Blue Cross and Blue Shield Association.