Select Drug List

Subject to regulatory approval

Four-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 with 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 noncovered product. Anthem has criteria that permits a member to obtain a noncovered medication in a closed drug list plan. If specific criteria are met, a member can receive a noncovered drug for a drug list copay. 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.
Tier definitions

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

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 high 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.
Celebrex
Cantil
Bydureon ST QL
Cenestin
Cesamet PA
Chantix PA QL
Cheomet
Cialis 2.5mg, 5mg PA
Ciclopidan
Cipro HC ear drops
Ciprodex ear drops PA
Claudine
Cloderm
Coartem
Colorsy PA QL
Coly-Mycin ear drops
Combigan
Cordran, SP
Cortisporin cream, oint.
Crestor ST QL DO
Cuprimine
Cycloset
Daliresp QL
Dapsone
Daraprim
Denavir
Decilant ST QL
Dibenzyline
Differin 0.1% lotion
Diflucid PA
Dipentum
Durex QL
Dyrenium
Edarbi QL DO
Edocrin
Elidel PA
Ella
Eliron
Emadine PA QL
Emend caps QL
Emseal QL
Enalapril ST
Enjuvia
Epiduo
Ergomar
Ertaczo
Estring
Eurax
Exelderm
Factive QL
Fanapt PA
Finacea
Flectar ST
FluorideX
Fluoroplex
Fosamax Plus D ST QL
Fosrenol PA
Frova ST QL
Glycerin Fe
Gynezaol 1
Halog
Horizant PA
Intuniv ER PA
Invega tab PA
Janumet, XR QL
Januvia ST QL
Kapvay PA
Kepek
Lacrisert
Lanoxin tab
Lutada PA
Levatol
Livalo ST QL DO
Lo Loestrin Fe
Lotemax
Lotropex PA
Lufylin
Lumigan
Lyrica PA QL
Marplan
Maxair QL
Menest
Mentax
Metitrexet
Migranal nasal spray† QL
MgAdo PA
Motefen
Moviprep
Multaq
Mybectoq ST
Myteface
Naftin cream, 1% gel
Namenda QL
Natacyn
Natacia ST
Nevanac
Nexium PA QL
Noroxin QL
Naxafil
Nucynta, ER QL
Nuedexta
Nuvaring
Novigil PA QL
Omnicr QL ST QL
Onglyza ST QL
Oracea
Orap PA
Ortho Tricyclen Lo
Osmoprep
Oxistat
Oxoralen-Ultra PA
Oxycrinin ST QL
Pariretin
Pegasone
Perforistim QL
Phisohex
Phospholine iodide
Picato PA QL
Potiga QL
Pradaxa QL
Pred-G
Pred-G S.O.P
Presmarin Cream
Presmarin tab ST
Premphase
Prempro
Preveident 5000 Booster Plus
Priftin
Primacid
Primol
Pristiq QL DO
Proglycem
Prolia PA
Proquin XR
Protopic PA
Proventil HFA ST QL
Ranexa
Rapafo
Rectiv
Reganex PA
Relistor PA
Relpax ST QL
Renvela PA
Restasis
Rifater
Rosadren
Rozex Z CL QL
Sabre
Safyral ST
Samsca PA
Sancuso
Santyl
Saphris PA
Savella QL
Scopace
Seroquel XR PA
Silenor ST
Skeldi
Spiriva QL
Strattera PA QL
Stromectol
SupraX tab, susp.
Symlin PA
Synera
Syrpine
Taclonex scalp suspension
Taclonex suspension
Tasmac
Tazorac PA
Tekturna QL DO
Tevelon 400mg QL
Thymar
Tikosyn
Tobradex eye oint.
Toviaz ER ST
Tradjenta ST QL
Transderm Scop PA
Travatan Z
Trecator
Tyzine
Ulesfia
Uloric ST
Vagifem
Valcyte 50mg/mL solution
Ventolin HFA ST QL
Veregen
Vescicare QL
Vexol
Victoza ST QL
Vigamox PA
Vilbury ST
Vimpat QL
Visicol
Vivelle-Dot PA QL
Voltaren gel
Vvyanze PA QL
Welchol
Xarelto PA QL
Xenazine PA
Xifaxan PA QL
Xopenex HFA ST QL
Xyrem PA
Zelital PA QL
Ziana ST
Ziopit PA
Zipros
Zirgan
Zyflo, CR PA
Zyvox tab, oral soln.
PA QL
Tier 4
Abacavir
Adagen
Adcirca PA
Adefovir Dipivoxil
Afinitor PA
Aldurazyme PA
Alkeran tab
Amelive PA
Ampyra PA QL
Anagrelide
Anastrazole tab PA
Apokyn PA
Aptivus
Aranesp PA
Atripla
Azathiorpirine tab
Bicalutamide
Bosulif PA
Capetitabine PA
Caprelsa PA
Carbaglu PA
Carbaglu PA
Carbaglu PA
CeeNU
Cimzia PA QL
Cometrix PA
Crixivan
Cyclophosphamide tab
Cyclosporine
Cyclosporine cap, soln.
Cystagon
Didanosine DR
Droxia
Eduvant
Emcyt PA
Emtriva
Enbrel PA QL
Enoxaparin PA
Epivir HBV soln. PA
Epzicom
Erlivedge PA
Etoposide caps
Exemestane PA
Exjade PA
Extazia ST
Farestan
Feriprox PA
Flumatide
Fondaparinux PA
Forteo PA
Fragmin PA
Fuzon
Gengraf
Gilenya PA QL
Gleevec PA
Gleevac PA
Harvoni PA
Hexalen
Humira PA QL
Hyacinth caps
Hydroxyurea
Iclusig PA
Incivex PA
Infergen PA
Inlyta PA
Innovohep PA
Intelicence
Intron A PA
Invirase
Iressa
Istentress
Jakafi PA
Kalista
Kaletra
Kineret PA
Kuvan PA
Lamivudine
Lamivudine/zidovudine
Letariz PA
Leurozole
Leucovorin tab
Leukeran
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 Customer Service at the telephone number listed on your identification card.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Approval Type</th>
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For more information, please visit anthem.com:

- If you have additional questions about your prescription benefits, please call the Customer Service number on your ID card.
- Speech and hearing impaired (TDD/TTY users) should call 1-800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m. ET.
- For the most current version of this Selected Drug List, please visit anthem.com.