

Essential Drug List

Medication Alternatives



The Essential Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). We've reviewed these drugs through our Pharmacy and Therapeutics (P&T) Process, which considers a drug's:

- Effectiveness
- Safety
- Similarity to other drugs within a therapeutic class
- Affordability

The Essential Drug List is a closed formulary, which means that only the prescription drugs on the list will be covered by the plan. Drugs that aren't covered have cost-effective, high-quality alternatives available. There may be a brand alternative, a generic equivalent or an over-the-counter (OTC) option. Brand-name drugs with a generic equivalent available aren't covered on the Essential Drug List.

Some common drugs that aren't on the Essential Drug List are shown below. Other preferred alternatives may also be available. Please note, exclusions and limitations may apply. For details about what's covered and what's not, it's best to check the Certificate/Evidence of Coverage or Summary Plan Description (SPD).

To view and search the complete Essential Drug List, members should log in at anthem.com and choose **Prescription Benefits**. Information on dosage/strength options and any restrictions such as quantity limits, prior approval or step therapy requirements is available. Members can also call Member Services at the number on their ID card.

What if a medication isn't on the Essential Drug List?

There may be times when a member's drug isn't on the Essential Drug List. If the covered alternative options aren't right for a member, their doctor can submit a request for an exception. This process, called prior authorization, requires the doctor to call the Member Services number on the member's ID card or log in at anthem.com and choose Tools & Resources to download and submit the prior authorization form.

Doctors can also submit prior authorizations electronically, which requires less processing time and possible real-time approval so members can fill their prescriptions right away.

For the most up-to-date information, members should log in at anthem.com and choose **Prescription Benefits**.

Drug Class	Medications not on the Essential Drug List	Preferred alternatives
Acne – antibiotic	Acticlate, Doryx, Oracea (brand and generic), Seysara, Solodyn, Vibramycin, Ximino ER (brand and generic)	Generic immediate release minocycline and doxycycline products
Allergic Reaction Treatment	Auvi-Q, EpiPen, EpiPen JR	epinephrine auto-injector
Attention deficit hyperactivity disorder (ADHD)	Adderall XR, Focalin XR	amphetamine-dextroamphetamine ER, dexamethylphenidate ER, Vyvanse
Blood modifiers	Epogen, Mircera	Procrit, Aranesp, Retacrit
Cholesterol	Altoprev, Ezallor Sprinkle, Flolipid, Crestor, Livalo, Simvastatin Suspension, Zypitamag	atorvastatin, ezetimibe, ezetimibe-simvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Diabetes – insulin	Admelog, Basaglar, Afrezza, Apidra, Fiasp, Insulin Aspart, Insulin Aspart Protamine-Aspart, Lyumjev, Novolin, Novolog	Humulin, Humalog, Insulin Lispro, Insulin Lispro Protamine-Lispro, Lantus, Levemir, Semglee, Toujeo, Tresiba
Diabetes – biguanides	Fortamet (brand and generic), Glumetza (brand and generic), Riomet/ER	metformin (generic Glucophage), metformin ER (generic Glucophage XR)
Diabetes – DPP4 combo	Jentaduetto/XR, Kazano, Kombiglyze XR	Janumet/XR
Diabetes – DPP4s	Nesina, Onglyza, Tradjenta	Januvia
Diabetes – GLP1s	Adlyxin, Bydureon, Byetta	Ozempic, Rybelsus, Trulicity, Victoza
Diabetes – SGLT2/combos	Glyxambi, Invokana, Invokamet/XR, Qtern, Segluromet, Steglatro, Steglujan, Trijardy XR	Farxiga, Jardiance, Synjardy/XR, Xigduo XR
Diabetes – test strips	All except OneTouch & Accu-chek	OneTouch & Accu-chek
Erectile dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra	sildenafil citrate (generic Viagra), tadalafil (generic Cialis)
Gastrointestinal – PPIs	Aciphex (Brand and Generic), Aciphex Sprinkle, Esomeprazole Strontium, Nexium (Brand and Generic), Prevacid (Brand and Generic), Prilosec Packet, Protonix Packet (Brand and Generic), Rabeprazole DR Sprinkle, Zegerid (Brand and Generic)	omeprazole, pantoprazole
Growth hormone	Genotropin, Norditropin, Omnitrope, Saizen, Zomacton	Humatrope, Nutropin AQ
Hepatitis C	Daklinza, Ledipasvir-Sofosbuvir, Mavyret, Pegasys, Sofosbuvir-Velpatasvir, Sovaldi, Viekira Pak/XR	Eplclusa, Harvoni

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Immunologicals	Actemra, Cimzia, Ilumya, Kevzara, Orencia	Cosentyx, Enbrel, Humira, Otezla, Rinvoq, Simponi, Stelara, Skyrizi, Tremfya
Infliximab Products	Avsola, Renflexis	Inflectra, Remicade
Migraine - triptans/combos	Onzetra, Treximet, Zembrace, Zomig Spray	almotriptan, eletriptan, naratriptan, rizatriptan tablet/ODT, sumatriptan tablet/nasal/injection/statdose/refill, zolmitriptan tablet/ODT/nasal
Multiple sclerosis	Tecfidera, Tysabri	Avonex, Betaseron, Copaxone, dimethyl fumarate, Extavia, Gilenya, glatiramer, glatopa, Plegridy, Rebif
Nasal steroids & combos	Beconase AQ, flunisolide, Nasonex, Omnaris, Qnasl/children, Xhance, Zetonna	fluticasone nasal
Respiratory - anti-cholinergics	Incruse Ellipta, Tudorza Pressair	Spiriva
Respiratory - anti-inflammatory	Alvesco, Armonair, Asmanex, Pulmicort	Arnuity Ellipta, Flovent, Qvar Redihaler
Respiratory - ICS/LABAs	Advair Diskus, Airduo	Advair HFA, Breo Ellipta, budesonide-formoterol, fluticasone-salmeterol (generic Advair Diskus and Airduo), wixela
Respiratory - LABAs	Arcapta, Brovana, Striverdi	Perforomist, Serevent
Respiratory - LAMA/LABAs	Bevespi, Utibron	Anoro Ellipta, Combivent, Stiolto
Respiratory - SABAs	ProAir Digihaler, Proventil HFA, Ventolin HFA, Xopenex HFA	albuterol HFA, levalbuterol HFA, ProAir HFA, ProAir Respiclick
Sedative/hypnotics	Intermezzo, Rozerem, zolpidem ER	eszopiclone, zolpidem
Testosterone - topical	AndroGel 1%, 1.62%, Fortesta, Natesto, Testim, Vogelxo	testosterone gel, gel pump, topical solution
Thyroid	Armour Thyroid, Synthroid, Tirosint	levothyroxine
*OTC - Available over the counter without a prescription required	*OTC - Available over the counter without a prescription required	

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Common medications not on the Essential Drug List (in alphabetical order)

Aciphex (brand and generic)	Brovana	Frova	Mavyret	Qnasl/children	Tradjenta
Actemra	Bydureon	Genotropin	Mircera	Qtern	Treximet
Acticlate	Byetta	Glumetza (brand and generic)	Natesto	Rabeprazole DR Sprinkle	Trijady XR
Adderall XR	Carbinoxamine 6mg Tablet	Glyxambi	Nesina	Relpax	Tudorza Pressair
Adlyxin	Cialis	Ilumya	Nexium (brand and generic)	Renflexis	Tysabri
Admelog	Cimzia	Incruse Ellipta	Norditropin	Riomet/ER	Utibron
Advair Diskus	Crestor	Insulin Aspart	Novolin	Rozerem	Ventolin HFA
Afrezza	Daklinza	Insulin Aspart Protamine-Aspart	Novolog	Saizen	Viagra
Airduo	dexchlorpheniramine syrup	Intermezzo	Omnaris	Seysara	Vibramycin
Altprev	Diabetic test strips – all except OneTouch & Accu-check	Invokamet/XR	Omnitrope	Simvastatin Suspension	Viekira Pak/XR
Alvesco	Doryx	Invokana	Onglyza	Sofosbuvir-Velpatasvir	Vogelxo
Androgel 1%, 1.62%	Dulera	Jentaduetto/XR	Onzetra	Solodyn	Khance
Apidra	EpiPen	Karbinal ER	Oracea (brand and generic)	Sovaldi	Ximino ER (Brand and Generic)
Arcapta	EpiPen JR	Kazano	Orencia	Staxyn	Xopenex HFA
Armonair	Epogen	Kevzara	Pegasys	Steglatro	Zegerid (Brand and Generic)
Armour Thyroid	Esomeprazole Strontium	Kombiglyze XR	Prevacid/ODT (brand and generic)	Steglujan	Zembrace
Asmanex	Ezallor Sprinkle	lansoprazole/ODT	Prilosec Packet	Stendra	zolpidem ER
Auvi-Q	Fiasp	Ledipasvir-Sofosbuvir	ProAir DigiHaler	Striverdi	Zomacton
Avsola	Flolipid	Levitra	Protonix	Synthroid	Zomig Spray
Basaglar	Focalin XR	levocetirizine	Protonix Packet (Brand and Generic)	Tecfidera	Zypitamag
Beconase AQ	Fortamet (brand and generic)	Livalo	Proventil HFA	Testim	
Bevespi	Fortesta	Lyumjev	Pulmicort	Tirosint	

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the pharmacy member services number located on your ID card.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, 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): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM 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 Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 64147MUEENABS Rev. 4/1/2021

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowoł t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.