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. Your coverage has limitations and exclusions. For details about what's covered and what's not, it's best to check your *Certificate/Evidence of Coverage or Summary Plan Description (SPD)*.

To view and search the complete Essential Drug List, visit anthem.com/pharmacyinformationanthem.com/pharmacyinformation. 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 member 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 and the doctor thinks that another option isn't right for the member. The 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 go to anthem.com/pharmacyinformationanthem.com/pharmacyinformation to download and submit the prior authorization form.

For the most up-to-date information, please visit anthem.com/pharmacyinformationanthem.com/pharmacyinformation.

Drug class	Medications not on the Essential Drug List		
Acne – antibiotic	Acticlate, Doryx, Oracea, Solodyn, Vibramycin	Generic minocycline and doxycycline products	
Attention deficit hyperactivity disorder (ADHD)	Focalin XR, Dextroamphetamine-amphet ER (generic Adderall XR, dexmethylphenic Adderall XR)		
Allergies – antihistamines	Karbinal ER, Levocetirizine	desloratadine, Zytec solution OTC*, cetirizine*,fexofenadine*, loratadine*	
Blood modifiers	Epogen, Mircera	Procrit, Aranesp	
Cholesterol	Altoprev, Crestor, Liptruzet, Livalo, Vytorin, Zetia	simvastatin, atorvastatin, pravastatin, lovastatin	
Diabetes - insulin	Afrezza, Apidra, Novolin, Novolog	Humulin, Humalog, Lantus, Levemir, Toujeo	
Diabetes - biguanides	Fortamet, Glumetza, Riomet	Metformin, metformin ER (generic Glucophage XR)	
Diabetes - DPP4 combo	Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto	
Diabetes - DPP4s	Nesina, Onglyza	Tradjenta, Januvia	
Diabetes - GLP1s	Tanzeum	Bydureon, Byetta, Trulicity & Victoza	
Diabetes - SGLT2/combos	Glyxambi, Xigduo XR, Farxiga, Invokana/Invokamet	Jardiance, Synjardy	
Diabetes - test strips	All except OneTouch & Accu-chek	OneTouch & Accu-chek	
Erectile dysfunction	Levitra, Staxyn, Stendra	Cialis, Viagra	
Gastrointestinal - PPIs	Dexilant, lansoprazole, pantoprazole	Nexium*, omeprazole	
Growth hormone	Genotropin, Norditropin, Omnitrope, Saizen, Tev-Tropin, Zomacton	Humatrope, Nutropin AQ	
Hepatitis C – genotype 1	Viekira Pak/XR, Olysio	Harvoni, Sovaldi, Epclusa	
Immunologicals	Actemra, Cimzia, Cosentyx, Orencia, Otezla, Xeljanz	Enbrel, Humira, Simponi	
Migraines	Frova, Relpax	Frovatriptan, rizatriptan, sumatriptan, zolmitriptan	

Drug class	Medications not on the Essential Drug List	Preferred alternatives	
Multiple sclerosis	Aubagio, Copaxone 20mg/ml, Extavia, Gilenya, Rebif, Tecfidera, Tysabri	Avonex, Betaseron, Copaxone 40mg/ml, Glatopa, Plegridy	
Nasal steroids & combos	All Nasal Steroids including budesonide, Rhinocort Aqua Nasal Spray	 Dymista, mometasone nasal spray, Nasal steroids OTC such as Rhinocort Allergy 	
Respiratory – anti-cholinergics	Incruse Ellipta, Tudorza Pressair	Spiriva	
Respiratory – anti-inflammatory	Aerospan, Alvesco, Asmanex & Pulmicort	Arnuity Ellipta, Flovent, Qvar	
Respiratory - SABAs	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick	
Sedative/hypnotics	Intermezzo, Rozerem, zolpidem ER	Eszopiclone, zolpidem	
Testosterone – topical	Androgel 1%, Axiron, Fortesta, Natesto, Testim, Testosterone Gel 1%, Vogelxo	Androgel 1.62%	
Thyroid	Synthroid, Tirosint	levothyroxine	

*OTC - Available over the counter without a prescription required

Glyxambi

Incruse Ellipta

Invokana/Invokamet

Intermezzo

Karbinal ER

Actemra	Diabetic test strips – all except OneTouch & Accu-chek	Kazano	Orencia	Testim
Acticlate	Doryx	Kombiglyze XR	Viekira Pak/XR	Tev-Tropin
Aerospan	Epogen	Levitra	pantoprazole	Tirosint
Afrezza	Extavia	Levocetirizine	Proventil HFA	Tudorza Pressair
Altoprev	Farxiga	Liptruzet	Pulmicort	Tysabri
Alvesco	Focalin XR	Livalo	Rebif	Ventolin HFA
Androgel 1%	Fortamet (brand and generic)	Mircera	Relpax	Vibramycin
Apidra	Fortesta	Nasal Steroids - all	Rhinocort Nasal Spray	Viekira Pak/XR
Asmanex	Frova	Natesto	Riomet	Vogelxo
Aubagio	Genotropin	Nesina	Rozerem	Vytorin
Axiron	Gilenya	Norditropin	Saizen	Xeljanz
budesonide	Glumetza (brand and generic)	Novolin	Solodyn	Xigduo XR

Novolog

Omnitrope

Onglyza

Oracea

Olysio

Staxyn

Stendra

Synthroid

Tanzeum

Tecfidera

Xopenex HFA

zolpidem ER

Zomacton

Zetia

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

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. 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 HMC Indiana; Indiana;

Cimzia

Cosentyx

Crestor

Dexilant

Copaxone 20mg/ml