

SEARCHABLE FORMULARY TOOL INSTRUCTIONS

A searchable formulary tool is available to confirm a prescription drug is covered under your benefit plan and to identify the drug copay tier and any applicable restrictions. You may search by medication name following the steps shown here.

1) Launch the searchable tool by clicking on the link and typing the appropriate drug name in the Search box. For example, we are using Atorvastatin (highlighted below). Click Search.

Drug Search

National Direct Drug List 3-Tier

Search by medication name for up-to-date drug information, including the benefit tier your drugs are on, as well as applicable clinical edits such as prior authorization or step therapy requirements.

Your coverage has limitations and exclusions, which means that some drugs on this list may not be covered, depending on your plan's design. To find out more, please refer to your *Certificate/Evidence of Coverage* or your *Summary Plan Description*.

Preventive care drugs: We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA). We cover contraceptives for members enrolled in a California plan according to state regulations.

Member cost share amounts for certain abuse-deterrent opioid analgesics may be lower in the state Maine due to state laws. For additional information, please call the Pharmacy Member Services number on your ID card.

Most plans include our home delivery program at no extra cost to you. Find out more by calling the Pharmacy Member Services number on the back of your ID card or by logging into your secure member portal.

To our providers: Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:

[Log in to Surescripts®](#)

[Log in to CoverMyMeds®](#)

This drug search tool will be updated at least quarterly.

Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Brand Name, Generic Name or NDC Code Search




The search results may show various strengths of the selected medication (highlighted below).

[Start Over](#)

Please select a drug from the list below to continue.






- [↑ amlodipine-atorvastatin oral tablet 10-10 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 10-20 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 10-40 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 10-80 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 2.5-10 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 2.5-20 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 2.5-40 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 5-10 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 5-20 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 5-40 mg](#)
- [↑ amlodipine-atorvastatin oral tablet 5-80 mg](#)
- [↑ atorvastatin calcium oral tablet 10 mg](#)
- [↑ atorvastatin calcium oral tablet 20 mg](#)
- [↑ atorvastatin calcium oral tablet 40 mg](#)
- [↑ atorvastatin calcium oral tablet 80 mg](#)
- [Ⓜ ezetimibe-atorvastatin oral tablet 10-10 mg](#)
- [Ⓜ ezetimibe-atorvastatin oral tablet 10-20 mg](#)
- [Ⓜ ezetimibe-atorvastatin oral tablet 10-40 mg](#)
- [Ⓜ ezetimibe-atorvastatin oral tablet 10-80 mg](#)












2) Select desired drug strength for Atorvastatin. In this example - atorvastatin calcium oral tablet 10 mg







Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
atorvastatin calcium oral tablet 10 mg	*Antihyperlipidemics* - Drugs For The Heart *HMG COA REDUCTASE INHIBITORS** - DRUGS FOR CHOLESTEROL	Tablet 10 MG	TIER 1	 more info  more info 

The results displayed will show coverage and copay tier and describe any plan restrictions that may apply. Copay tier status and restriction definitions are shown at the bottom of the display.

Definitions of Status and Restrictions

Definition of Status		
Icon	Status	Definition
	Tier 1	Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.
	Tier 2	Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
	Tier 3	Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.
	Not Covered	Not Covered drugs include drugs specifically excluded from coverage by the terms of the plan. We will not provide any reimbursement for Not Covered drugs and you will have to pay out-of-pocket for these drugs. You may appeal our denial of coverage of a Not Covered drug.
	Non-Formulary	A non-formulary drug is not included on a plan's Drug List. You should discuss formulary alternatives with your physician. An exception process is available to request coverage for a non-formulary drug. Please refer to Notes & Restrictions above. If ST or PA symbol is listed, you can access the drug specific criteria that applies to a coverage request. Otherwise the general criteria and fax form found here will apply.

Definition of Restrictions		
Icon	Restriction	Definition
	Age Limit	Click on the more info link for additional coverage details
	Clinical Criteria	Click on the more info link for additional coverage details.
	Contraceptive Waiver	If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.
	Coverage Details	Click on the asterisk for additional coverage details
	Dose Optimization	Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.
	Dosing Limit	There are limits on the amount of medicine covered within a certain amount of time.
	Fax Form	This form may be used to submit prior authorization requests for drugs on your formulary. Prescribing providers with patients enrolled in a California Health plan must use the California Prescription Drug Prior Authorization Request form Prescribing providers with patients enrolled in a Colorado Health plan may use the Colorado Prescription Drug Prior Authorization Request . Effective 1/1/2018 prescribing providers with patients enrolled in a New Hampshire Health plan may use the New Hampshire Prescription Drug Uniform Prior Authorization Request Form .
	Generic Drug	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.
	Limited Distribution	These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.
	Prescriber Note	Additional notes to the prescriber.
	Preventative Drug	For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

	Prior Authorization - New Starts	Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled. Drugs with this symbol require prior authorization for patients taking the medication for the first time.
	Prior Authorization Required	Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.
	Quantity Limit	There are limits on the amount of medicine covered within a certain amount of time.
	Specialty Pharmacy	Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.
	Split Fill	New starts (first one or two fills) may be subject to a maximum limit of a 14 or 15 day supply for these medications. Standard supply limits will apply after the initial one or two fills.
	Step Therapy	You may need to use another recommended drug first before a prescribed drug is covered. Providers with patients enrolled in a Connecticut health plan may request a step therapy exception . Please click the link to learn more about the Step Therapy Exception Process .

For additional questions contact Anthem customer service at 833.988.2033.