

January 2018

## How to use the *Preferred Drug List* from Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem)

The *Preferred Drug List (PDL)* includes medications available in the pharmacy benefit. Anthem chose these commonly prescribed, preferred medications for their quality and effectiveness. Select drugs may require prior authorization from Anthem.

The *PDL* is updated quarterly and is subject to change without prior notification. To ensure you are viewing the most recent version, make sure you are accessing the digital *PDL* at <https://medproviders.anthem.com/nv>.

### Contact information

If you have questions about the *PDL*, contact Provider Services at **1-844-396-2330**. Hours of operation are Monday through Friday from 8 a.m. to 6 p.m. Pacific time.

### Brand-name drugs versus generic drugs

A brand-name drug is one the original drug manufacturer develops, patents and markets. Until the patent expires, no other company can produce that particular brand-name drug. Various drug companies manufacture generic drugs after the original patent expires. A generic drug has the same active ingredients as its brand-name counterpart. They are identical in dosage form, strength, route of administration, quality and intended uses, but generics may differ from their brand-name equivalents in color and/or shape. Both brands and generics have to meet the same safety, purity and performance standards governed by the FDA.

### Quantity supply limit

A quantity supply limit is the maximum amount of a drug a pharmacy can dispense at a given time. Anthem has a prior authorization program that follows FDA-approved dosing guidelines. If a prescribing provider feels a quantity supply greater than the defined maximum is medically necessary, the provider should submit a written prior authorization request to validate the medical rationale for exceeding the recommended dosage.

### Dose Optimization program

The Dose Optimization program identifies claims where patients use multiple capsules or tablets per day and encourages an optimal dose and, in some situations, a single daily dose. If providers have not obtained prior authorization, the pharmacy claim system will reject claims with a quantity exceeding the set limit.

<https://medproviders.anthem.com/nv>

## Prior authorization

Prior authorization encourages the appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen or have lower-cost alternatives. We also include drugs that have high side-effect potential, those that should be reserved for specific FDA indication, or those that have a high misuse or abuse potential. Brand-name drugs with an FDA-approved generic equivalent available, also known as multisource brands, require a written prior authorization based on medical necessity for benefit coverage. Anthem requires prior authorization before we cover multisource brands to promote the use of appropriate generic alternatives as first-line therapies (when medically appropriate). Prior to dispensing any multisource brand, providers are required to consider using its preferred, generic alternative.

Medication utilization must meet FDA-approved indications as well as guidelines from Anthem. If a medication requires prior authorization, providers must submit a completed *Prior Authorization Request* to Anthem. To access *Prior Authorization Request* forms and a list of drugs that require prior authorization, providers can visit <https://mediproviders.anthem.com/nv>. Providers can fax *Prior Authorization Request* forms to Anthem at **1-800-359-5781** or call Provider Services at **1-844-396-2330**.

## Key

In each class, drugs are alphabetically listed by either their brand or generic name.

**BRAND-NAME DRUGS:** uppercase in bold type

generic drug: lowercase in plain type

OTC: over-the-counter medication available with a prescription — Prescribers, please indicate OTC on the prescription.

PA: prior authorization required — Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

AL: age limit restrictions

QL: quantity limits — Certain prescription medications have specific quantity limits per prescription or per month.

DO: Dose Optimization program

GR: gender restriction

ST: step therapy required