

# UPDATE



September 24, 2008

**This update is approved for associates and stakeholders, including employer groups, health care providers, brokers and consultants. Do not distribute or forward to customers/members.**

## Third Quarter 2008 Drug List/Formulary Updates

**The following applies to clients processing on ProServ, the former WellPoint Pharmacy Management claims processing system.**

WellPoint's National Pharmacy and Therapeutics (P&T) Committee meets periodically to review the status of the drug list/formulary and makes recommendations to the health plan. As a result, the Anthem Drug List/Formulary<sup>1</sup> is changing as follows:

### **Effective October 1, 2008**

Tier 3 non-preferred → Tier 3 preferred: Tracleer<sup>2</sup>

### **Effective March 28, 2009**

Tier 3 preferred → Tier 3 non-preferred: Genotropin

When a drug is preferred in its class, customers are required to try the preferred agent before requests for a non-preferred drug are approved. Also, preferred Tier 3 agents are considered formulary agents for closed formulary plans.

## **New Edits**

The following edits were approved during the third quarter 2008 P&T Committee meeting:

### **Prior Authorization Edits**

- Cimzia
- Smoking Cessation Products – Chantix, Nicotrol Inhaler and Nasal Spray, Zyban (bupropion SR)
  - Applied based on benefit certificate language
- Enteral Nutrition
  - Applied based on benefit certificate language
- Selected drugs for weight loss – Meridia, Xenical, anorexiant
  - Applied based on benefit certificate language

### **Quantity Limit Edits**

- Chantix 0.5mg & 1mg – limited to 60 tablets per 30 days & one starter pak per year
- Cimzia – 1 pack (2 x 200mg vials) per 30 days
- Pristiq 100mg – 30 tablets per 30 days
- Simcor – 60 tablets per 30 days
- Triptans
  - Oral\* – 9 tablets per 30 days
  - Nasal\* – 6 inhalers per 30 days

<sup>1</sup> Changes listed for the Anthem Drug List/Formulary apply to Anthem BlueCross, BlueCross BlueShield of Georgia, and UniCare business unless otherwise noted.

<sup>2</sup> For closed formulary plans, Tracleer is a formulary medication with prior authorization.

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- Injectable\* – 4 syringes or 5 vials per 30 days

\*A second fill in the 30-day period of the above quantity may be approved if override criteria are met

## Step Therapy Edits

- Letairis

## Dose Optimization

- Pristiq 50mg – limited to 1 dose per day

## Revisions

The following edits were revised during the third quarter 2008 P&T Committee meeting:

- Orenzia Prior Authorization
- Isotretinoin Prior Authorization
- Growth Hormone Prior Authorization
- Epoprostenol and Remodulin Prior Authorization
- Revatio Prior Authorization

## Communications Plan

Health plans communicate tier changes to their members as they determine necessary. The formulary changes affect only the Anthem Drug List/Formulary. These changes do not apply to Medicare Part D formularies.

Health plan members currently receiving medications affected by new or revised edits will receive an automatic override or will receive notification of the effective date.

**We will continue to update you as new information becomes available. If you have questions about this update, please contact your WellPoint NextRx representative.**