

UPDATE



December 10, 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.

Fourth 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 is changing – the tier changes listed below apply to Anthem Blue Cross, Blue Cross Blue Shield of Georgia and UniCare.

Tier 3 → Tier 2 changes:

Therapeutic Class	Drug Name	Effective Date
Angiotensin Receptor Blocker Combinations	<ul style="list-style-type: none">ExforgeTekturnaTekturna HCT	December 1, 2008
BPH Treatment	<ul style="list-style-type: none">Avodart	January 1, 2009
Phosphate Binders	<ul style="list-style-type: none">Renvela	January 1, 2009
Serotonin-Norepinephrine Reuptake Inhibitors	<ul style="list-style-type: none">CymbaltaPristiqVenlafaxine extended release	December 1, 2008
Topical Acne and Rosacea Products	<ul style="list-style-type: none">Akne-Mycin Ointment 2%Retin A Micro .1%, .04% gel & pump	January 1, 2009

New Clinical Edits

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

Edit Type	Drug Name	Effective Date
Step Edit	<ul style="list-style-type: none">BenzaclinClobex	February 15, 2009
Prior Authorization	<ul style="list-style-type: none">Dihydroergotamine mesylate inj (DHE)FuzeonHerceptinHP Acthar Gel	March 1, 2009
Dose Optimization – 1 tablet per day	<ul style="list-style-type: none">Venlafaxine Extended Release 37.5mg and 75mg tablets	January 31, 2009
Quantity Limit – 30 tablets per 30 days	<ul style="list-style-type: none">Venlafaxine Extended Release 150mg and 225mg tablets	January 31, 2009

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Revisions

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

Edit Type	Drug Name
Prior Authorization	<ul style="list-style-type: none">• Avastin• Erbitux• Erythropoietin Stimulating Agents (Aranesp, Epogen, Procrit)• Gonadotropin Releasing Hormone Analogs (GnRH)• Immune Globulin• Pegylated Interferon• Vectibix• Vivitrol

Edits Removed

The following edits were removed during the fourth quarter 2008 P&T Committee meeting:

Edit Type	Drug Name	Effective Date
Prior Authorization	<ul style="list-style-type: none">• Accolate• Cymbalta• Singulair• Somavert• Zylfo	<p>December 31, 2008 December 1, 2008 December 31, 2008 January 31, 2009 December 31, 2008</p>

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.