Anthem Hoosier Healthwise Managed Medicaid Formulary Updates

Changes do not apply to Anthem Commercial Formulary

We would like to thank you for providing quality services to our Anthem Blue Cross and Blue Shield Hoosier Healthwise members.

This bulletin is to inform you that our Pharmacy and Therapeutics Committee recently reviewed several drug categories on the Formulary. The purpose of this letter is to notify you of key changes to the Anthem’s Medicaid Formulary effective September 14, 2008. Please transition your members to the formulary alternatives within the category if appropriate.

<table>
<thead>
<tr>
<th>Product</th>
<th>Rationale</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIP®</td>
<td>Generic is available</td>
<td>PDL alternative include ropinirole</td>
</tr>
<tr>
<td>PRECOSE®</td>
<td>Generic is available</td>
<td>PDL alternative is acarbose</td>
</tr>
<tr>
<td>DOVONEX®</td>
<td>Generic is available</td>
<td>PDL alternative include calcipotriene</td>
</tr>
<tr>
<td>ZETIA</td>
<td>Considered add on treatment for hyperlipidemia</td>
<td>Generic statins</td>
</tr>
<tr>
<td>FORADIL</td>
<td>Comparable safety and efficacy to other preferred products</td>
<td>PDL alternative includes Serevent</td>
</tr>
<tr>
<td>PERFOROMIST</td>
<td>Comparable safety and efficacy to other preferred products</td>
<td>PDL alternative is Serevent, albuterol nebulizer</td>
</tr>
<tr>
<td>SPIRIVA</td>
<td>Comparable safety and efficacy to other preferred products</td>
<td>PDL alternatives Atrovent, Combivent</td>
</tr>
<tr>
<td>ZOMIG</td>
<td>Comparable safety and efficacy to other preferred products</td>
<td>PDL alternatives Imitrex, Maxalt</td>
</tr>
</tbody>
</table>

Additionally, the following list of safety edits will be added and may impact your patient. If the below situation occurs, prior authorization will be required.

Edits in place for patient safety that will reject the point of service for:

- Patient receiving two (2) or more triptan medications
- Patient receiving two (2) or more bisphosphonates
- Patient receiving two (2) or more HMGcoenzyme inhibitors
- Patient receiving two (2) or more proton pump inhibitors
- Patient receiving two (2) or more angiotensin receptor blockers
- Patient receiving two (2) or more non-sedating antihistamines
- Patient receiving two (2) or more thiazolidinedione (TZD) medications
- Patient receiving a bisphosphonate + Evista
- Patient receiving a hormone replacement therapy + Evista
- Patient receiving NSAID + Celebrex
- Patient receiving Advair + long acting beta agonist inhaler
- Patient receiving Advair + corticosteroid inhaler

Edit in place for patient safety due to increased risk of CHF with TZDs:

- Patient receiving Coreg + TZD; the TZD will reject
Edit in place for patient safety based on new FDA guidelines for cough and cold products:

- PA required for patients under the age of 2
- For cough and cold liquid or syrup products: Quantity limit of 120ml/fill
- For cough and cold liquid drops: Quantity limit of 30ml/fill

If you believe that your patients need to continue on the medication that you originally prescribed, please submit a written prior authorization request and fax the request to our prior authorization department at 1-866-408-7103 for review.

This information is being provided to you for general information purposes only and is not intended as a substitute for the independent medical judgment of a physician. Only a treating physician can determine what medications are appropriate for a patient.

Thank you again for working with us to provide our members with quality and affordable healthcare.