



Dear Washington and Lee Anthem member,

Anthem Blue Cross and Blue Shield is dedicated to providing you with quality healthcare coverage and making sure our members fully understand their benefits.

As such, this letter is intended to address three primary issues regarding your prescription drug coverage with Anthem BCBS:

1. The removal of formulary edits and step therapy requirements in three therapeutic categories
2. Helpful reminders regarding Mail Order Rx
3. Cost savings opportunities with Generic Select

### **The Removal of Formulary Edits and Step Therapy Requirements in Three Therapeutic Categories**

In reviewing the open enrollment communications regarding pharmacy benefits for Washington and Lee University, we have determined that information was not communicated in a thorough and effective manner. As the result, there has been some confusion for Washington and Lee members regarding prescription drug benefits for the following therapeutic classes of medications: Proton Pump Inhibitors (PPI), Non-Sedating Antihistamines (NSA's) and Ophthalmic Anti- Allergy agents (OphA). The following is a description of each class:

- PPIs are used to treat gastrointestinal conditions such as heartburn and acid reflux. There are many choices available to consumers including generic and over-the-counter options as well as lower cost brand-name drugs. These drugs currently make up over 6.5% of Anthem's drug expenditures.
- NSA's are used in the treatment of hay fever and similar allergy symptoms.
- Ophthalmic anti-allergy agents are used to treat itchy eyes or eye allergies.

Because Anthem values our relationship with Washington and Lee University and their employees, we will be removing formulary edits and step therapy requirements effective immediately for the above mentioned medication classes through June 30, 2009. While pharmacy benefits, covered medications and formulary tier assignment are subject to change throughout the plan year, we at Anthem Blue Cross and Blue Shield will ensure that all future prescription drug changes are communicated in advance of the applicable effective date. If you have already changed your prescription in response to formulary edits and step therapy requirements for the therapeutic classes noted above, we hope that your new medication is working effectively. If you feel you need to change back to your previous medication, please contact your medical provider and obtain a new prescription.

For your convenience, we have provided a list of covered PPI's, NSA's and Ophthalmic anti-allergy agents and their respective tier assignments.

<b>Proton Pump Inhibitors</b>	<b>Tier</b>
Omeprazole 10mg and 20mg	1
Nexium	3 (will be moving to tier 2 effective 01-01-09)
Protonix	2 (will be moving to tier 3 effective 01-01-09)
Aciphex	3
Omeprazole 40mg	3
Pantoprazole (Generic Protonix)	3
Zegerid	3
Prevacid	2
(NOTE: There are several over the counter options available such as PrilosecOTC)	
<b>Non-Sedating Antihistamines</b>	<b>Tier</b>
Fexofenadine	1
Allegra	3
Xyzal	3
(Note: There are several over the counter options available such as Zyrtec and ClaritinOTC)	
<b>Ophthalmic Anit-Allergy Agents</b>	<b>Tier</b>
Ketotifen Fumarate	1
Cromolyn Sodium	1
All other prescriptions in this class	3

Please note that quantity limit guidelines will still be in place for PPI Medications. Quantity limits are based on manufacturer guidelines and a *health services review* may be required for length of therapy greater than 90 days. If your length of therapy is going to exceed 90 days, you or your doctor may contact customer service at 800-451-1527 and Anthem will fax a health services review form to their office.

We apologize for any inconvenience this situation may have caused and hope that the courtesy that we are extending through June 30, 2009 demonstrates our commitment to you and your family members.

**Helpful Reminders Regarding Mail Order Prescription Drugs**

Anthem Blue Cross and Blue Shield provides cost effective Mail Order prescriptions through Wellpoint NextRX. This program is specifically designed for customers who take prescription medications on a regular basis for longer periods of time. This includes medications to treat chronic conditions such as high cholesterol, diabetes, high blood pressure, arthritis, or depression, as well as medications used on a regular basis such as oral contraceptives. In general, this program provides opportunities to save members money by reducing the number of copayments required for each prescription.



To help reduce the possibility of a delay in the delivery of your medication, please carefully follow the instruction for using Wellpoint NextRx as outlined in the enclosed brochure titled Mail Service Pharmacy. Additionally please bear in mind the following:

**Lead Time:** Orders are shipped within 14 days of receipt of your valid prescription. Once shipped, please allow up to 14 days for delivery of your medication.

**Plan Ahead:** Make sure that you have enough medication on hand until your mail service prescription can be delivered. For new medications, ask your doctor to write a prescription for a one month supply to be filled at a local pharmacy.

**Ordering Refills:** Be sure to allow at least 14 days for receipt of medications.

For more information regarding Wellpoint NextRx, please click to the following link [Mail Service Pharmacy brochure](#).

### **Cost Savings Opportunity With GenericSelect**

*Switch to a select generic drug with no copay for your first fill and get a three-month mail service supply for **FREE!***

We know that living with a chronic condition can be challenging and that you may be concerned about the rising cost of prescription drugs. That's why Anthem Blue Cross and Blue Shield would like to remind you about the GenericSelect program. This program gives first-time users of certain generic medications a complimentary first fill at a retail pharmacy and additional savings when you use our mail service pharmacy.

**Enjoy the savings!** Your first fill of the GenericSelect drug at retail and our mail service pharmacy does **not** require a copay. (Standard retail/mail service copays apply to refills.) You can receive up to a four-month supply (a month supply at retail plus a three-month mail service supply) of the GenericSelect medication for no copay.

Please refer to the following link [GenericSelect](#) mailer for additional information.

**Thank you for being a valued member. We appreciate the opportunity to serve you. If you have questions or would like additional information regarding the issues addressed in this letter, please contact your Human Resources Department.**