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VIRGINIA EDITION
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 PRINT

Anthem Advisor Update

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ISSUE...

Burke King named President of Anthem Blue Cross and Blue Shield in Virginia

C. Burke King has been named president of Anthem Blue Cross and Blue Shield in Virginia. He replaces Tom Byrd, who earlier this year announced his decision to leave the company.

In his new position, King, 44, will be responsible for the management of all employer health insurance business in Virginia including sales, account service, marketing, underwriting and product development, as well as for maintaining customer relationships. In addition, he will be involved in corporate strategy, planning and execution, and serve as the primary contact for state regulators to ensure compliance and manage any state-related matters.

King will also take a leadership role in Anthem's social responsibility activities, continuing the company's commitment to the communities it serves across the state. He will be based at the company's Davis Center headquarters located in Richmond.

King joined Blue Cross and Blue Shield of Virginia in 1992. He most recently had responsibility for WellPoint Inc.'s Individual business product management, product development and segment innovation. WellPoint is the parent company of Anthem Blue Cross and Blue Shield. He has previously served as vice president, Virginia Individual, Senior and Small Group Markets; vice president, Physician Network Management and president of the company's Virginia health maintenance organizations.

King also serves on the Virginia Association of Health Plans Board of Directors and Executive Committee. A native of Gloucester County, Virginia, he received undergraduate degrees in Economics and French from Hampden-Sydney College and holds a Masters of Business Administration degree from The College of William and Mary.

Byrd, who joined the company in 1991, will remain with Anthem through the end of May to ensure a smooth transition. Throughout his career, he has served in various leadership roles, including CFO of Trigon Healthcare, Inc. from 1997 until the

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[BLUE RIBBON REPORT](#)

merger with Anthem Inc. in 2002. He has served as president of Anthem Blue Cross and Blue Shield since April 2005.

To read the complete press release, please [CLICK HERE](#).

SAVE THE DATE!

Mark Your Calendar for October 2008 CE Training

2008 is a very important year because it's the second year of the biennium in which our appointed agents must accumulate enough continuing education (CE) credits to maintain their Virginia license to sell Anthem products. As in the past, Anthem is pleased to provide CE training to help you obtain the necessary number of credits. Please mark your calendar with the dates below and plan to attend a seminar near you:

- **Oct. 21 - Roanoke**
- **Oct. 23 - Fairfax**
- **Oct. 28 - Norfolk**
- **Oct. 30 - Richmond**

Stay tuned for additional details on times and locations, to be provided with online registration information later this year.

Blue Cross and Blue Shield Company Initiatives Honored with BlueWorks® Award

At Anthem Blue Cross and Blue Shield, we're proud to announce that we've been awarded a Blue Cross Blue Shield Association Blue Works® award for our efforts on the Member Health Index. Click here for the [press release](#) for additional information.

This is the second consecutive year we've won a Blue Works award. Last year, our Quality-in-Sight Hospital Incentive Program (Q-HIPSM) was chosen. Implemented in 2003, Q-HIP was the first program in the nation to reward improvements in patient safety, patient health outcomes and patient satisfaction.

Thank you for working with us as a team each day to help improve the health of our members and our community.

INDIVIDUAL BUSINESS UPDATES

Mark Your Calendar for Back to Basics Training with CE Credit

Do you know all you need to know about selling Anthem's Individual products? Do you still have questions about Anthem's Individual Lumenos plans and how they can meet your clients' needs? Do you understand the Underwriting Guidelines as well as you'd like to? Do you know how to use the latest online sales tools, or do you leave business on the table by not selling online?

Whether you're looking for a "refresher" course or learning about Anthem's suite of Individual products and services for the first time, you'll want to join us for our informative **Back to Basics** workshops scheduled in May.

Sessions will take place in four regions throughout the state as follows:

May 6, Tuesday, Central Region:

Afternoon session: Registration 12:30 p.m., meeting 1 to 4:30 p.m.

Sheraton Richmond West

6624 West Broad Street

Richmond, VA 23230

(804) 285-2000

[Driving Directions](#)

May 7, Wednesday, Eastern Region:

Morning session: Registration 8 a.m., meeting 8:30 a.m. to noon

Marriott, Newport News City Center

740 Town Center Drive

Newport News, VA 23606

(757) 873-9299

[Driving Directions](#)

May 8, Thursday, Western Region:

Morning session-Registration 8 a.m., meeting 8:30 a.m. to noon

Holiday Inn Roanoke - Valley View (formerly Airport)

3315 Ordway Drive

Roanoke, VA 24017

(540) 362-4500

[Driving Directions](#)

May 12, Monday, Mid-Atlantic Region:

Afternoon session: Registration 12:30 p.m., meeting 1 to 4:30 p.m.

Hilton Garden Inn, Fairfax

3950 Fair Ridge Drive

Fairfax, VA 22033

(703) 385-7774

[Driving Directions](#)

[CLICK HERE to REGISTER](#) for a Back to Basics workshop near you.

For agents attending the workshop, a one-hour Continuing Education course equaling one CE credit will be included. The topic will be *Today's Changing Health Care Marketplace*.

Refreshments will be provided at the sessions. Mark your calendars, and plan to attend a session near you.

Recent Changes to Agent's Guide

Please make a note of the following underwriting guideline changes that recently impacted our Agent's Guide Spring 2008 (form #AVA1655), effective April 1, 2008:

- Page 9, Medication Denial List - remove Antabuse
- Page 14, Anxiety - decline for suicide attempt within past 5 years
- Page 16, Diabetes - remove age criteria for Non-insulin dependent, change denial (D) to medical review (MR)
- Page 17, Genital warts - Within 6 months changes from MR to Level 3
- Page 20, Otitis Media - change to within 12 months, MR; over 12 months, Level 1 (or Level 2 if taking preventive medication)

These changes will be incorporated into our electronic versions on the Prospector and broker

web site as soon as possible. Print versions will be updated at the next reprint.

Anthem 360° Health® Offerings Standardized for Individual Business

Anthem Blue Cross and Blue Shield's 360° Health® is the industry's first program to integrate all health management programs and tools into a centralized, consumer-friendly resource that assists members in navigating the health care system, using their health benefits and providing information to help them access comprehensive and appropriate care.

Overall consumer response to 360° Health has been extremely positive. Where Anthem health plans have introduced 360° Health, 95 percent of members found 360° Health programs and tools to be helpful. Eighty-five percent of members either have reached a health goal or have seen an improvement in their health by using their 360° Health benefits.¹

The program has been so successful that for 2008, Anthem has standardized its 360° Health® offerings for Individual products in all 14 of its states.

For 2008, Anthem offers the following 360° Health® components with its Individual products in Virginia:

- **Future Moms** - Members receive support from trained obstetrical nurses dedicated to helping expectant parents have a healthy pregnancy and delivery. This award-winning maternity management program has resulted in fewer low-birth-weight babies, fewer preterm births and more initial prenatal visits than national averages.
- **ConditionCare** - According to the Agency for Healthcare Research and Quality (AHRQ), more than 108 million adults in the United States already suffer from chronic diseases such as coronary artery disease, heart failure and diabetes. ConditionCare helps member manage these and other chronic health conditions, improve medical outcomes and productivity while delivering a 2.8:1 return on investment for employers.

The following components of 360° Health® are offered with Individual Lumenos plans only:

- **Healthy Lifestyles** - Helps members with weight management, stress management, physical activity, diet and nutrition and smoking cessation. The three-tiered program includes:
 - Healthy Lifestyles Online - Web-based support
 - Healthy Lifestyles One-on-One - telephonic support from a registered nurse
 - Healthy Lifestyles Complete - Web and telephonic support plus free access to the Prime fitness center network
- **24/7 NurseLine** - Specially trained registered nurses are available to answer confidential, health-related questions any time of the day or night, every day of the year.
- **MyHealth Coach** - The entire family can receive health and lifestyle coaching from a registered nurse, with help from other health care professionals including dietitians and exercise physiologists. According to an independently chartered satisfaction survey, 9 out of 10 members feel the MyHealth Coach program is helping them receive maximum benefits from the health care system.

¹ Health Management Corporation, 2008

Medicare Supplement Rate Adjustments Effective June 1, 2008

We would like to inform you about premium changes that will affect customers currently enrolled in our **Traditional Medicare Supplement** plans, which are closed to new entrants.

Premiums will change for Traditional members [effective June 1, 2008](#). The premium adjustments, for the Traditional Medicare Supplement plans, are listed below and have been approved by the Virginia Bureau of Insurance. These premiums will be in effect June 1, 2008. Members will be notified of these rate changes by the middle of April.

Anthem's Medicare Supplement Closed-pool Traditional Products	Current Monthly Premiums	New Monthly Premiums for 6/1/2008	Rate Change Percentage
65 Select	\$162	\$170	5.0%
Program 65	\$143	\$137	-4.0%
Medicare Extended	\$217	\$230	6.0%
Medicare Extended Plus with Pharmacy Network	\$446	\$473	6.0%
Medicare Extended Plus w/o Pharmacy Network	\$460	\$488	6.0%
Medicare Extended Plus Rx Removed	\$269	\$285	6.0%
Program 65, disabled	\$182	\$175	-4.0%
Medicare Extended, disabled	\$278	\$278	0%
Medicare Extended Plus, disabled, with Pharm. Net.	\$549	\$571	4.0%
Medicare Extended Plus, disabled, w/o Pharm. Net.	\$561	\$583	4.0%
Medicare Extended Plus, disabled, Rx Removed	\$351	\$365	4.0%

Individual Dental Premiums Changing

We understand the impact that insurance premiums have on a person's budget, which is why we make every effort to manage costs effectively. But since costs for dental care services have risen, we need to make a moderate increase to our premiums for the Individual Dental program, [beginning June 1, 2008](#). The new premiums are shown below:

New Individual Dental Monthly Premiums	
Each adult under age 50 or first child with no adult	\$32.25
Each adult age 50 or over	\$37.50
Each dependent child *	\$20.75

** No additional charge for more than six children*

Customers who receive their dental coverage through an association will also experience an increase in premiums, as follows:

New Association Dental Monthly Premiums	
Adult or Child Only	\$44.00
Adult/Spouse	\$87.75
Adult/Child	\$66.00
Adult/Children	\$88.25
Adult/Spouse/Child	\$110.00
Family	\$132.25

Your client's June bill, or automatic bank draft (if applicable), will reflect this premium change. Customers who have already paid their premium for June or any subsequent months, will receive a corrected bill for the difference in their current premium and the new premium.

The Individual Dental Brochure and dental application have been revised and are available on the broker web site and with the Prospector Internet Update 7.3.3.

[Click HERE to view the Dental Brochure.](#)

[Click HERE to view the Dental Application.](#)

Premiums to Change for Open Enrollment Products

Effective June 1, 2008, base premiums will increase as shown in the chart below for our Conversion, Standard 1 and Standard 2 customers.

Product Renewing June1, 2008	Annualized Premium Percentage
CONVERSION	10 percent
STANDARD 1	10 percent
STANDARD 2	10 percent
PREVENTIVE CARE & IMMUNIZATIONS FOR CHILDREN	New Premium
	\$39.25

Customers in these programs may also experience an increase based on age. Policyholders who have turned age 30, 40, 50, or 60 years of age during the past year will receive a premium increase based on their transition to a new age band. Other factors, such as moving to an area with higher or lower medical costs (applies to Standard 1 and 2 only), or changing the number of family members enrolled in a policy, may also affect premiums for some customers.

The total premium increase for your customers will reflect any of the above factors that apply to them.

Our customers who have the optional coverage for Preventive Care and Immunizations for Children will also experience a premium increase for this additional protection. This increase will be reflected on their Endorsement to Schedule of Benefits, if applicable.

In late April, customers will receive a notification letter along with an Endorsement to Schedule of Benefits and rate sheet, which shows their new premium.

All customers will be advised of their option to reduce their monthly premium by selecting a higher annual deductible. Please note, however, that deductibles for these programs cannot be *decreased* during the life of the policy.

For Standard 1 customers only, during June or at a "qualifying event" (for example, adding or deleting a dependent on a policy), customers may also have the choice to move to our open enrollment Virginia Standard or Lumenos HSA Standard plans, with the same or greater deductible, and receive credit for time served toward the pre-existing waiting period. It's important to note that benefits are different under these plans, and certain eligibility criteria must be met.

Please note that the Conversion Brochure has been revised with the new rates and is available on the broker web site and with the Prospector Internet Update 7.3.3. Click [HERE](#) to view the brochure.

As always, if you have questions about a renewal, please call the Broker Sales and Retention Unit at 1-800-225-3611, follow the prompts and select Option 1.

Individual HMO Product Premiums Increase

As a reminder, premiums increased for Individual Choice, Individual Program and HMO Conversion, offered by HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc., effective March 1, 2008. Non-Group Conversion did not receive an increase at that time.

Here are the percentages of increase:

- Individual Choice: 13.5% increase, plus an annual age increase
- Individual Program and HMO Conversion: 13.5% base increase, plus an age increase for members turning 30, 40, 50, or 60 (10-year age bands)

Age band increases for Individual Program and HMO Conversion ranged between 14% and 26%, in addition to the base increase.

Please note that we would like to retain our members in the Individual HMO products; however, when members ask about other options, please keep the following important points in mind:

- We do offer other individual products that have lower benefits and may cost less, but they are medically underwritten and are dependent on the member and any covered dependents' past or present health condition(s). We cannot guarantee that the member and any covered dependents will get approved for the new coverage.
- We do offer other open enrollment products with less benefits than the member has now. In addition, there is a 12-month waiting period for pre-existing health conditions and the premium may not be lower than the member's current coverage.
- We cannot guarantee that the member will be approved for a new product until the member and any covered dependents go through medical underwriting. Therefore we highly recommend that the member keeps the current coverage until advised in writing of approval for the new product and review the premium.

The last dot point is especially important. Individual Program, HMO Conversion and Non-Group Conversion are open enrollment products, and generally people on them have health problems. Therefore, these members will not likely qualify for an underwritten policy and may not have another option.

Materials Update

HMO Conversion is the only individual HMO product that is currently open to new sales. The other individual HMO plans are closed to new entrants. The HMO Conversion brochures have been revised to reflect the new rate, as follows:

- HMO Conversion - HealthKeepers, Inc. version - PVA1429 (3/08)
- HMO Conversion - Peninsula Health Care, Inc. version - PVA1430 (3/08)
- HMO Conversion - Priority Health Care, Inc. version - PVA1431 (3/08)

The brochures are available on the Prospector and on the broker web site at anthem.com

HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Shingles Vaccine

In 2006, the Food and Drug Administration (FDA) approved a shingles vaccine, known as Zostavax, for use in adults age 60 and older. Studies have shown that the vaccine can prevent

shingles about 50 percent of the time.

Shingles is a painful rash with blisters caused by the chickenpox virus. A majority of people age 60 and older had chickenpox as children. The virus remains inside the body, but may "reawaken" as shingles in a person in poor health or with a compromised immune system, such as someone who has taken chemotherapy. A complication of shingles is a painful nerve condition called *postherpetic neuralgia*, which can last for months or even years.

Anthem's Individual Lumenos plans cover the shingles vaccine for adults age 60 and older. In addition, our other Individual plans that have an extra wellness service for labs and immunization of \$100 or \$150 or unlimited preventive care, such as KeyCare HealthSmart, also cover the vaccine in adults age 60 and above.

[Underwriting and Membership Forum](#)

Reinstatement Changes

As of February 4, 2008, we removed the limit of two reinstatements within 36 months for our individual policies. Customers now have unlimited opportunity for reinstatement. We also no longer require the customer go on automatic bank draft to reinstate the policy.

Active Duty

As of February 4, 2008, we removed the two-year limitation on reactivating a policy canceled due to the customer going on Active Duty with the Armed Services. As long as the customer requests reactivation within 120 days of his or her discharge date, we will reinstate. (We still need to receive a written request for reinstatement with the discharge papers.)

Tobacco Use Reminder

Any type of tobacco use within the past 12 months should be indicated on an Individual application. This includes dipping snuff, chewing tobacco, as well as smoking.

Contact Information Changes

As a reminder, please notify your Primary Agent or someone in Anthem's Broker Services & Retention Unit if there are any changes in your address (business or residential), email address, phone and fax numbers. Making sure your contact information is up-to-date enables us to communicate important product and procedural details with you more effectively.

If an agent is no longer appointed with Anthem, please contact Broker Administration to have the name removed from your agency list.

GROUP BUSINESS UPDATES

[Renewal Flyers for July 1, 2008](#)

As many of you are aware, there are typically group product and legislative changes that occur each year on July 1. This year's product changes have been postponed until later this year. Even though there are no product or legislative changes targeted for July 1, the renewal flyers have been updated to remove the July 2007 changes as well as incorporate changes implemented this past April and January. To ensure you have the most up to date flyer, please click on each file name.

- [Anthem KeyCare Renewal Information for Benefits Managers PVA 2677 \(7/08\)](#)

- [Anthem BlueCare Renewal Information for Benefits Managers PVA 2678 \(7/08\)](#)
- [Anthem HealthKeepers Renewal Information for Benefits Managers PVA2676 \(7/08\)](#)

The renewal flyers are available on the broker web site at anthem.com.

[New HMO lab provider in the Charlottesville region](#)

HealthKeepers, Inc., Priority Health Care, Inc., and Peninsula Health Care, Inc. have named LabCorp the sole in-network HMO laboratory provider in the Charlottesville area - replacing Martha Jefferson Hospital Laboratory. This change is **effective June 1, 2008**, and impacts HMO outpatient reference lab services in the City of Charlottesville and counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson and Orange. LabCorp is already the sole laboratory provider for Anthem Blue Cross and Blue Shield's affiliated HMOs in the rest of the state. The change impacts how a physician orders lab tests for a member. The physician will order the test through LabCorp now, rather than Martha Jefferson Hospital Laboratory.

HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

[Life Insurance Portability and Conversion: *Change Is In the Air*](#)

Statistics from the U.S. Department of Labor show that workers between the ages of 18 and 38 change jobs an average of 10 times. That's quite a bit of change, which is why Anthem Life offers features like Portability and Conversion. They allow employees to maintain their life insurance coverage even after leaving the employer. Employees appreciate the reassurance of knowing their loved ones will be protected even if their employment ends.

Portability and conversion differ in several ways:

1) Portability is available on Optional Life and Optional Dependent Life.

- Portability coverage is a continuation of the Group coverage.
- Rates are based on group pooled rates in 5-year age bands.
- Maximum amount for portability is the employee and dependent group coverage amount.
- Coverage ends at age 70; then the insured may elect conversion coverage.
- Coverage ends if the insured enters active, full-time military service.
- Face amount reduces by 35% at age 65.
- Employee and dependents must be younger than 65 when group coverage ends.
- Living Benefit (accelerated death benefit) available on ported coverage.

2) Conversion is available on Basic Group Term Life, Basic Dependent Life, Optional Life and Optional Dependent Life.

- Converted coverage is Individual whole life insurance.
- Rates are based on individual whole life insurance rates.
- Maximum amount to convert is the employee's and dependent's group coverage amount.
- Coverage continues with paid premium until "scheduled maturity date" of age 100.
- Coverage does not end if the insured enters active, full-time military service.
- No reductions in benefits due to age.
- Employee and dependents may convert coverage regardless of their age when group coverage ends.
- No accelerated death benefit available.

Take Action. Remind your groups about the importance of portability and conversion, and remember that Anthem Life includes these important provisions with life coverage. Need more information? Contact your Anthem sales representative or Specialty sales manager.

Anthem 360° Health ConditionCare Program Enhancement

Recently, Anthem implemented a ConditionCare program enhancement that allows us to provide more targeted outreach and apply the most appropriate and cost-effective level of management to employees who have been identified for management for asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease or heart failure.

New data modeling capabilities enable us to assess a member's total health risk, rather than just their specific condition. This means we will be able to better determine the likelihood that they will incur future high costs for medical care, whether it is due to their primary condition or other health issues.

These new capabilities also allows us to move from 2 levels of risk stratification - high and standard - to 3 levels of stratification - high, moderate and low. Members identified for the program are segmented into these categories, based on their predicted risk for future costly health care utilization.

This 3-tier stratification model aligns with the Disease Management Association of America (DMAA) best practices. The new model enables Anthem to:

- Engage more members for high-touch, targeted intervention - high and moderate risk members will receive outbound phone-based management with a primary nurse manager
- Better meet member health needs by managing their total health risk
- Address more effectively members' gaps in knowledge and care that may lead to more serious illness and higher health care costs

For your reference, we've prepared a list of Frequently Asked Questions (FAQs), in case some of your clients contact you with questions. [Click here to view the FAQs.](#)

PHARMACY NEWS

Reminder about Cost-saving Changes to Drug Coverage

Recently, Anthem shared information about several changes we've made to coverage for certain drugs. As you know, we regularly review the effectiveness and cost of thousands of medications available by prescription and over-the-counter. In cases where studies prove that quality and effectiveness are equal, we encourage members to choose the lower-cost option.

One way we do this is by excluding coverage for certain high-cost prescription drugs when lower-cost drugs that are equally effective, in the same therapeutic class, are available. We introduced this change with the Proton Pump Inhibitor class of drugs, and are also including Non-Sedating Antihistamines (NSAs) and Ophthalmic Allergy Agents starting April 1. (In addition to the Ophthalmic Allergy Agents that will no longer be covered that we listed in our original notice to you, Pataday will no longer be covered.) Everyone saves money and members still get the high-quality, affordable therapeutic drugs they need.

Chart Offers Details on Affected Groups and Individuals

To help you better understand and communicate which drug classes have been affected and when your clients may be affected, we've attached a chart ([click here](#)) showing the details for groups and individuals based on their renewal or effective date.

How We're Communicating the Changes in Coverage

Employers - We've notified employers about the changes with a letter for groups that have

already renewed. For groups renewing on or after April 1, 2008, the information about these changes will be included with general information about benefit changes to prescription drug coverage.

Members - Notification will be going out to members who are currently taking one of the non-preferred drugs in any or all of the affected drug classes. At least 30 days before the effective date of the change in benefits, members who haven't switched to a covered generic or over-the-counter (OTC) product will receive a letter telling them their medication will no longer be covered by their pharmacy benefit. Members will be encouraged to switch to a covered generic or an OTC. To help members feel more comfortable with the change, we'll include money-saving coupons in the mailing.

Physicians - We've used provider newsletters to alert physicians about the coverage changes. The providers have been encouraged to talk with their patients about switching to a covered generic or over-the-counter alternative before the change is implemented. Network pharmacies have also been notified about the changes so pharmacists can be prepared to answer customer questions regarding those medications.

Questions?

If your clients or their employees have questions, let them know they can contact the number on the back of their member ID card. If you want more information, please contact your Anthem sales representative.

[Anthem Updates Specialty Drug List](#)

Adds Oral and Adjunct Oncology, Transplant and HIV Medications

Previously, Anthem announced changes to our members' prescription drug benefit. This change required these members to obtain specialty medications from a pharmacy within our participating specialty pharmacy provider network. Our affiliated specialty pharmacy, PrecisionRx Specialty Solutions, is one of these pharmacies.

What's Changing?

Beginning March 15, 2008, members of those groups, in those business segments, or using those products that have already transitioned their pharmacy benefit to our specialty network program are impacted by this previous change. These members must use a participating specialty pharmacy provider, such as Anthem's affiliated specialty pharmacy, to continue receiving their highest level of coverage for oral and adjunct oncology, transplant, HIV and a small number of other specialty medications.

Members who opt not to transition their transplant, oral and adjunct oncology, HIV or other specialty medications to a participating specialty pharmacy provider may be responsible for a greater share of the cost and their out-of-pocket expenses and copayments may be higher.

How Will Members Be Notified?

Members will be notified 30 days in advance of the change. The notification will prompt them to contact Anthem's affiliated specialty pharmacy or a participating specialty pharmacy to transition their medications. Anthem will also remind the impacted members about the change through a phone call and an additional letter two weeks prior to the effective date.

Members can review a list of participating specialty pharmacy providers by visiting anthem.com: under Anthem/Affiliates, click Anthem Prescription Management Mail Service; on the top blue bar, click Products & Services; finally, click on Specialty Pharmacy Network.

Narcotic Quantity Limits

The Pharmacy and Therapeutics Committee reviewed and approved narcotic quantity limits in the second quarter of 2007. The limits were implemented in October 2007 to help ensure the safe use of medications based on the recommended dosing guidelines that the Food and Drug Administration (FDA) has approved.

Quantity Limits (effective October 17, 2007):

Narcotic Analgesics:

- APAP/Caf/Dihydrocodeine (Panlor DC) - limited to 330 per 30 days
- APAP/Caf/Dihydrocodeine (Panlor SS) - limited to 150 per 30 days
- APAP/codeine Susp or Elixir (Capital with Codeine) - limited to 1200 ml
- APAP/codeine (Tylenol with Codeine) - limited to 390 per 30 days
- APAP/codeine (Vopac 650-300) - limited to 180 per 30 days
- Butalbital/APAP/Caffeine/Codeine (Fioricet with Codeine) - limited to 180 per 30 days
- Hydrocodone/APAP (Maxidone, Vicodin ES) - limited to 150 per 30 days
- Hydrocodone/APAP (Lorcet, Lorcet Plus, Anexsia 7.5mg/650mg, Vicodin HP) - limited to 180 per 30 days
- Hydrocodone/APAP (Lorcet HD, Lortab, Vicodin) - limited to 240 per 30 days
- Hydrocodone/APAP (Zydone 10-400, 7.5-400, 5-400) - limited to 300 per 30 days
- Hydrocodone/APAP (Norco) - limited to 360 per 30 days
- Hydrocodone/APAP (Xodol 10-300, 5-300, 7.5-300) - limited to 390 tablets per 30 days
- Hydrocodone/APAP (Lortab) - limited to 1200 ml per 30 days
- Hydrocodone/APAP (Hycet) - limited to 3,600 ml
- Hydrocodone/Ibuprofen (Reprexain, Vicoprofen) - limited to 480 per 30 days
- Morphine sulfate (Roxanol) - limited to 300 ml per 30 days
- Oxycodone (Oxycontin <80mg) - limited to 120 per 30 days
- Oxycodone (Oxycontin 80mg) - limited to 180 per 30 days
- Oxycodone/APAP (Percocet 10/650) - limited to 180 per 30 days
- Oxycodone/APAP (Percocet 7.5/500, Roxicet 5/500, Tylox) - limited to 240 per 30 days
- Oxycodone/APAP (Percocet 2.5/325, 5/325, 7.5/325, 10/325, Roxicet 5/325 tablets) - limited to 360 per 30 days
- Oxycodone/APAP (Roxicet Solution) - limited to 600 ml per 30 days
- Oxycodone/APAP (Perloxx 2.5/300, 5/300, 7.5/300) - limited to 390 per 30 days
- Oxycodone/APAP (Magnacet 2.5/400, 5/400, 7.5/400, 10/400) - limit to 300 per 30 days
- Oxycodone/APAP (Narvox 10/500) - limit to 240 per 30 days
- Propoxyphene/APAP (Balacet 100-325mg, Darvocet-N 50) - limited to 360 per 30 days
- Propoxyphene/APAP (Darvocet A500 100-500) - limited to 240 per 30 days
- Propoxyphene/APAP (Darvocet-N 100) - limited to 180 per 30 days
- Tramadol (Ultram) - limited to 240 per 30 days
- Tramadol/APAP (Ultracet) - limited to 300 per 30 days

Please note that members who need to obtain a greater quantity will be able to initiate the Prior Authorization process.

Communications Plan

Existing members who exceeded the quantity limit prior to the effective date were given a temporary grandfather authorization until April 1, 2008 to allow adequate time for member notification.

Letters communicate the following key messages:

- Some medications are subject to a quantity limit as a result of research and clinical review.
- A quantity limit establishes the amount of a prescription medication the health plan will cover as a benefit within a certain period of time.
- The specified quantity limit is based on the manufacturer's recommended usage and FDA approved use.
- Customers are encouraged to talk with their physician before making prescription changes.
- Letters specify the quantity limit, name of the medication and the implementation date of April 1, 2008.

Please direct customers with questions to the phone number listed on their member ID card.

Prior Authorization Required for Qualaquin (quinine sulfate)

The Food and Drug Administration (FDA) has cautioned consumers about the off-label use of Qualaquin (quinine sulfate) for the treatment and prevention of nocturnal leg cramps. Serious side effects are connected to normal doses of quinine sulfate, and the FDA has determined that the risks outweigh the potential benefits.

Qualaquin is approved only for the treatment of malaria and is not approved for the treatment of nocturnal leg cramps.

A Prior Authorization edit for Qualaquin was approved at the fourth quarter 2007 Pharmacy and Therapeutics Committee meeting. It was implemented on December 5, 2007.

The exact cause of nocturnal leg cramps is unknown, but they may be attributed to overexertion, prolonged sitting, dehydration, electrolyte imbalances, an underlying disease state and/or side effects of medications. Currently, there are no prescription medications approved for the treatment of nocturnal leg cramps.

Alternative treatments may include:

- Stretching and massaging the legs
- Applying heat or ice to the legs
- Exercising regularly
- Drinking plenty of fluids
- Decreasing caffeine and sugar intake
- Taking calcium (in combination with vitamin D) and/or vitamin E over-the-counter supplements
- Impact

Please direct customers with questions to the phone number listed on their member ID card.

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