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RAPID UPDATE



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February 27, 2009

2009 Pre-Certification Changes for Indiana, Kentucky, Ohio, Missouri and Wisconsin

***Please note the date change for Specialty Pharmacy below
and addition of Oncolytic Drugs**

The 2009 Pre-certification changes are for the following products:

OH/IN/KY Blue Products:

Blue PrioritySM (HMO), Blue Priority Plus (POS),¹ Blue Preferred® (HMO), Blue Preferred Primary (HMO), Blue Preferred Primary (EPO Ohio), Blue Preferred Plus (PPO), Blue Preferred Primary Plus (POS), Blue Access® (PPO), Blue Access HSA (PPO), Blue Access Hospital-Surgical (PPO), Blue Access HCR² & Blue Traditional®

MO Blue Products:

Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Access (PPO), Blue Access HSA (PPO), Blue Access (PPO), Blue Access Choice (PPO), Blue Access Choice HSA (PPO), Blue Access Hospital-Surgical (PPO), Blue Access Choice Hospital-Surgical (PPO)

WI Blue Products:

Blue Preferred (HMO), Blue Preferred Plus (POS), Blue Access (PPO), Blue Access Choice PPO

Medicare Advantage Products:

IN, KY, OH- Blue Medicare AccessSM - (RPPO)
IN, KY, OH, MO, WI- Anthem Senior Advantage- (HMO)
IN, KY, OH, MO, WI, VA- Anthem Medicare Preferred- (PPO)

1 Ohio only

2 Kentucky only

Lumenos® Products:

OH, IN, KY, MO- Lumenos Health Savings Account, Lumenos Health Reimbursement Account, Lumenos Health Incentive Account

WI- Lumenos Health Savings Account, Lumenos Health Savings Account Plus, Lumenos Health Reimbursement Account, Lumenos Health Reimbursement Account Plus, Lumenos Health Incentive Account, Lumenos Health Incentive Account Plus.

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Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In most of Missouri (excluding 30 counties in the Kansas City area) - RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

- The following change to the Precertification list will occur June 30, 2009 and includes all products listed above, except for members enrolled in Anthem National accounts or select Anthem local self funded groups. These services do not require pre-certification for coverage for National accounts or select Anthem local self funded groups, but are recommended for pre-determination of medical necessity due to the existence of post service claim review edits. Precertification guidelines for National account members and select Anthem local self funded groups are available online by clicking the Precertification guidelines on the provider home page of Anthem.com.
- The following changes to the Precertification list will occur June 30, 2009. Please note: this is a date change from previous communication.

Specialty pharmacy medications effective 6/30/2009 includes all outpatient settings (i.e. office, outpatient, home infusion, dialysis centers if billed separately, ambulatory infusion centers):

Generic Name:	Trade Name:	Medical Policy or Clinical Guideline:
Abatacept	Orencia	Abatacept (Orencia®)-MP- DRUG.00040
Adalimumab 20mg	Humira	Tumor Necrosis Factor Antagonists- MP DRUG.00002; Biologics for Psoriasis and Psoriatic Arthritis-CG-DRUG-12
Bevacizumab 10mg	Avastin	Bevacizumab (Avastin®) for Oncologic Indications- MP DRUG.00038; Treatment for Age-Related Macular Degeneration – MP DRUG.00028
Botulinum toxin Type A	Botox	Surgical Treatment of Migraine Headaches- MP SURG.00096; Treatment of Hyperhidrosis MP MED.00032; Botulinum Toxin DRUG.00006
Botulinum toxin Type B	Myobloc	Treatment of Hyperhidrosis MP MED.00032; Botulinum Toxin DRUG.00006
Certolizumab Pegol	Cimzia	Tumor Necrosis Factor Antagonists; MP DRUG.00002
Cetuximab 10mg	Erbix	Cetuximab (Erbix®) MP DRUG.00036
Darbepoetin Alfa	Aranesp	Recombinant Erythropoietin Products-CG-DRUG-05

Epoetin Alfa	Procrit, Epogen	Recombinant Erythropoietin Products- CG-DRUG-05
Epoprostenol 0.5mg	Flolan	Prostacyclin Infusion Therapy for Treatment of Pulmonary Hypertension (epoprostenol [Flolan®], treprostinil [Remodulin®])- MP DRUG.00004
Etanercept 25mg	Enbrel	Biologics for Psoriasis and Psoriatic Arthritis- CG-DRUG-12; Tumor Necrosis Factor Antagonists MP DRUG.00002
Hyaluronic acid	Hylgan, Supartz	Hyaluronan Injections for Musculoskeletal Conditions- MP DRUG.00017
Hyaluronic acid	Synvisc	Hyaluronan Injections for Musculoskeletal Conditions- MP DRUG.00017
Hyaluronic acid	Euflexxa	Hyaluronan Injections for Musculoskeletal Conditions- MP DRUG.00017
Hyaluronic acid	Orthovisc	Hyaluronan Injections for Musculoskeletal Conditions- MP DRUG.00017
Immune globulin	IgIV Carimune	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)- CG-DRUG-09
Immune globulin-liquid	Gammunex	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)- CG-DRUG-09

Immune globulin-liquid	Octagam	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)-CG-DRUG-09
Immune globulin-liquid	Gammagard	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)-CG-DRUG-09
Immune globulin-liquid	Flebogamma	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)-CG-DRUG-09
Immune globulin-liquid	Privigen	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013; Intravenous Immune Globulin Therapy (IVIG)-CG-DRUG-09
Immune globulin-powder		Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests- MP DRUG.00013
Immune globulin	Vivaglobulin	

Infliximab 10mg	Remicade	Biologics for Psoriasis and Psoriatic Arthritis- MP CG-DRUG-12 and Tumor Necrosis Factor Antagonists MP DRUG.00002
Omalizumab	Xolair	Omalizumab (Xolair®) for Treatment of Asthma- MP DRUG.00024
Palivizumab 50mg	Synagis	Prevention of Respiratory Syncytial Virus Infections- MP DRUG.00015
Panitumumab 10mg	Vectibix	Panitumumab (Vectibix™)- MP DRUG.00035
Pegaptanib	Macugen	Treatment for Age-Related Macular Degeneration- MP DRUG.00028
Ranibizumab 0.1 mg	Lucentis	Treatment for Age-Related Macular Degeneration- MP DRUG.00028
Sermorelin acetate 1mcg	Geref	Growth Hormone- MP DRUG.00009
Somatrem 1mg	Protropin	Growth Hormone- MP DRUG.00009
Somatropin 1mg	MULTIPLE	Growth Hormone- DRUG.00009
Trastuzumab	Herceptin	Trastuzumab (Herceptin®)- MP DRUG.00039
Filgrastim (G-CSF)-	Neupogen	White Blood Cell Growth Factors- CG-DRUG-16
Pegfilgrastim-	Neulasta –	White Blood Cell Growth Factors- CG-DRUG-16
Sargramostim	Leukine	White Blood Cell Growth Factors- CG-DRUG-16
Ziconotide	Prialt	Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic PainMP-DRUG-27
Treprostinil	Remodulin	Prostacyclin Infusion Therapy for Treatment of Pulmonary Hypertension (epoprostenol [Flolan®], treprostinil [Remodulin®])- MP DRUG 00004
Oncolytics	Abraxane Alimta Aloxi Campath	

	Eloxatin Faslodex Neumega Novantrone Rituxan- MP RAD 00031 Velcade Vidaza Zometa	
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- Please note: Home Infusion providers should continue to work with the local Home Infusion administrator in Kentucky
- Note for Medicare Advantage, all specialty pharmacy drugs listed above, except oncolytics, are reviewed post service currently.
- **Always check for the phone number on the back of the member's card. For quick reference, we have included a few of the most common numbers:**

Indiana, Kentucky, Ohio Local Pre-certification	877-814-4803
Wisconsin Pre-certification	800-242-1527
Missouri Pre-certification	800-992-5498
Medicare Advantage Products Pre-certification	800-304-9919
Radiology	888-730-2817
Predetermination – central (IN, KY, OH, MO, WI)	888-769-9143 ext 08129
Predetermination- Indiana National Account	866-776-4793

- **If you would like to fax your request you may use the fax numbers below:**

Indiana Local	317-287-8916
Kentucky	800-730-6061
Medicare Advantage Products	800-266-3504
Missouri	314-923-8542
Ohio Pre-certification	800-266-3504
Predetermination Central (IN, KY, OH, MO, WI)	888-656-5721
Specialty Pharmacy Pre-certification	513-770-4484
Wisconsin Pre-certification	866-959-2154
Radiology	888-730-2831
Predetermination Indiana National	800-773-7797

- **Pre-certification Guidelines for Indiana, Kentucky, Missouri, Ohio and Wisconsin are also available online by clicking the Pre-Certification Guidelines link on the provider home pages on Anthem.com.**

Coverage for services is subject to the terms and conditions of the member's health benefit plan. Anthem's reimbursement, if any, is reduced by any applicable deductibles, co-payments and/or coinsurance as defined in the member's health benefit plan.

Other changes that were communicated previously for local business and Medicare Advantage include:

- Effective Jan 1, 2009 -Transplant Evaluations – Please note: this does not include Kidney or Cornea Transplants
- Effective Jan 1, 2009- Lumbar spine fusion surgery outpatient (does not include National or Medicare Advantage)