

| Medication Policies  |  |               |
|--|--|---------------|
| <p>The Regence Group and its affiliated Plans use medication policies for coverage decisions within the member's written benefits. Below are summaries of recent changes to The Regence Group's medication policies. The detailed policies and complete Medication Policy Manual are available online at <a href="http://www.regence.com/policy/medication/contents.html">http://www.regence.com/policy/medication/contents.html</a>. We have included the policy number for your convenience.</p> |  |               |
| NEW POLICIES (PUBLISHED WITHIN THE LAST 6 MONTHS)  |  |               |
| Policy Name and Number<br><br>(Click on policy name for link to policy)  | Summary of Policy  | Approval Date |
| Aciphex <sup>®</sup> , rabeprazole<br>(Medicare Part D Only)<br><br>Dru101_MedPtD  | New policy maintaining previous coverage criteria of Aciphex. <u>Applies to Medicare Part D members only.</u>  | 3/18/2008     |
| Kuvan <sup>™</sup> , sapropterin dihydrochloride<br><br>Dru152   | New policy allowing coverage of Kuvan for treatment of phenylketonuria (PKU) when blood phenylalanine levels are not adequately controlled through diet alone.                 | 3/18/2008     |
| Luvox <sup>®</sup> CR, fluvoxamine extended-release capsules<br><br>Dru153   | New policy allowing coverage of Luvox CR following inadequate treatment with immediate-release, generically available fluvoxamine.   | 5/9/2008      |
| Pristiq <sup>™</sup> , desvenlafaxine<br><br>Dru154  | New policy allowing coverage of Pristiq following inadequate treatment with at least two generic or preferred brand antidepressants.   | 5/9/2008      |
| Actonel <sup>®</sup> , risedronate-Containing Medications (Actonel, Actonel with Calcium)<br><br>Dru155  | New policy allowing coverage of Actonel-containing medications when a generic oral bisphosphonate, such as alendronate, was not tolerated or is contraindicated                | 7/18/2008     |
| Boniva <sup>®</sup> , ibandronate injection<br><br>Dru156  | <u>Policy effective December 1, 2008.</u> New policy allowing coverage of IV Boniva when an oral bisphosphonate, such as alendronate, was not tolerated or is contraindicated. | 7/18/2008     |

| NEW POLICIES (PUBLISHED WITHIN THE LAST 6 MONTHS) - CONTINUED       |  |               |
|---|--|---------------|
| Policy Name and Number<br>(Click on policy name for link to policy) | Summary of Policy  | Approval Date |
| Boniva <sup>®</sup> , ibandronate oral<br>Dru157                    | New policy allowing coverage of oral Boniva when a generic oral bisphosphonate, such as alendronate, and oral Actonel <sup>®</sup> has been ineffective or is contraindicated.   | 7/18/2008     |
| Reclast <sup>®</sup> , zoledronic acid<br>Dru158                    | <u>Policy effective December 1, 2008.</u> New policy allowing coverage of Reclast when an oral bisphosphonate, such as alendronate, was not tolerated or is contraindicated.   | 7/18/2008     |
| Arcalyst <sup>®</sup> , rilonacept<br>Dru159                        | New policy allowing coverage of Arcalyst for cryopyrin-associated periodic syndromes (CAPS) when there is laboratory evidence of mutation in the CIAS1 gene, and there is documentation that the patient is experiencing classic CAPS symptoms resulting in significant functional impairment. | 7/18/2008     |
| Cimzia <sup>®</sup> , certolizumab pegol<br>Dru160                  | New policy allowing coverage of Cimzia for the treatment of Crohn's disease following prior unsuccessful treatment with systemic corticosteroids or an oral immunomodulatory medication and either Humira <sup>®</sup> or Remicade <sup>®</sup> .  | 7/18/2008     |

| Policy Updates as of July 18, 2008   |   |                     |
|--|---|---------------------|
| Policy Name<br>(Click on policy name for link to policy)   | Summary of Changes                        | Policy No.          |
| Cialis <sup>®</sup> , tadalafil<br>Policy update – formatting changes                            | Policy approved without criteria changes. | Dru099              |
| Cialis <sup>®</sup> , tadalafil<br>(Medicare Part D Only)<br>Policy update – no criteria changes | Policy approved without criteria changes. | Dru099_<br>Med Pt D |

**Policy Updates as of July 18, 2008**

| <b>Policy Name</b><br>(Click on policy name for link to policy)   | <b>Summary of Changes</b>  | <b>Policy No.</b> |
|---|--|-------------------|
| Compounded Medications<br><br>Policy update – no criteria changes   | Policy approved without criteria changes.  | Dru135            |
| Cymbalta <sup>®</sup> , duloxetine<br><br>Policy update – formatting changes  | <ul style="list-style-type: none"> <li>• Policy approved without criteria changes.</li> <li>• Position statement updated to include information about Cymbalta’s new indication for the treatment of fibromyalgia.</li> </ul>  | Dru147            |
| Forteo <sup>®</sup> , teriparatide<br><br>Policy update – criteria changes  | <ul style="list-style-type: none"> <li>• Criteria updated to include coverage for patients at high risk of fracture due to previous fractures or chronic steroid use.</li> <li>• Position statement updated to include the 2007 National Osteoporosis Foundation Guidelines (including reference to the World Health Organization fracture risk assessment tool.)</li> </ul>   | Dru085            |
| Growth Hormone (Accretropin <sup>®</sup> , Genotropin <sup>®</sup> , Humatrope <sup>®</sup> , Norditropin <sup>®</sup> , Nutropin <sup>®</sup> , Nutropin AQ <sup>®</sup> , Omnitrope <sup>®</sup> , Saizen <sup>®</sup> , Serostim <sup>®</sup> , Serostim LQ <sup>®</sup> , Tev-Tropin <sup>®</sup> , Zorbtive <sup>®</sup> )<br><br>Policy update – formatting changes | <ul style="list-style-type: none"> <li>• Clarified policy criteria to confirm that growth hormone for treatment of Prader-Willi Syndrome is approvable only when there is documented biochemical growth hormone deficiency (GHD).</li> <li>• List of investigational conditions updated to include Prader-Willi Syndrome without GHD.</li> <li>• List of growth hormone products updated to include currently available products.</li> <li>• Medical billing codes updated.</li> </ul> | Dru015            |
| Kineret <sup>®</sup> , anakinra<br><br>Policy update – criteria changes   | <ul style="list-style-type: none"> <li>• Updated coverage criteria to require prior treatment with either Enbrel<sup>®</sup> or Humira<sup>®</sup>.</li> <li>• List of investigational conditions updated to include juvenile idiopathic arthritis (JIA).</li> <li>• Updated position statement.</li> </ul>  | Dru049            |

**Policy Updates as of July 18, 2008**

| <b>Policy Name</b><br>(Click on policy name<br>for link to policy)                                 | <b>Summary of Changes</b>  | <b>Policy No.</b>   |
|--|--|---------------------|
| Lamisil <sup>®</sup> , terbinafine<br>Policy update – criteria changes                             | <ul style="list-style-type: none"> <li>• Coverage criteria simplified to remove approvable doses for each approved indication.</li> <li>• Position statement updated.</li> </ul>                               | Dru065              |
| Levitra <sup>®</sup> , vardenafil<br>Policy update – formatting changes                            | <ul style="list-style-type: none"> <li>• Policy approved without criteria changes.</li> <li>• List of investigational conditions updated to include female arousal disorder and heart failure.</li> </ul>      | Dru096              |
| Levitra <sup>®</sup> , vardenafil<br>(Medicare Part D Only)<br>Policy update – no criteria changes | Policy approved without criteria changes.  | Dru096_<br>Med Pt D |
| Paxil CR <sup>®</sup> , paroxetine<br>CR<br>Policy archived  | Policy approved for archiving. Archived policies are no longer subject to routine review.  | Dru149              |
| Penlac <sup>®</sup> , ciclopirox<br>Policy update – formatting changes                             | <ul style="list-style-type: none"> <li>• Policy approved without criteria changes.</li> <li>• Position statement updated.</li> </ul>   | Dru070              |
| Provigil <sup>®</sup> , modafinil<br>Policy update – criteria changes                              | Policy updated to include coverage criteria for work-shift sleep disorder.   | Dru058              |
| Revatio <sup>®</sup> , sildenafil<br>20mg<br>Policy update – formatting changes.                   | <ul style="list-style-type: none"> <li>• Policy approved without criteria changes.</li> <li>• Position statement updated.</li> </ul>   | Dru117              |
| Revlimid <sup>®</sup> , lenalidomide<br>Policy update – formatting changes                         | List of investigational conditions updated to include Crohn's disease.   | Dru127              |
| Sporanox <sup>®</sup> , itraconazole<br>Policy update – criteria changes                           | <ul style="list-style-type: none"> <li>• Simplified authorization criteria to allow coverage of Sporanox for the prescribed treatment period up to one year.</li> <li>• Position statement updated.</li> </ul> | Dru066              |

**Policy Updates as of July 18, 2008**

| <b>Policy Name</b><br>(Click on policy name<br>for link to policy)   | <b>Summary of Changes</b>  | <b>Policy No.</b>   |
|--|--|---------------------|
| Tarceva <sup>®</sup> , erlotinib<br><br>Policy update –<br>formatting changes  | List of investigational conditions updated to include malignant pleural mesothelioma.  | Dru118              |
| Topical tretinoin<br>(Altinac <sup>®</sup> , Atralin <sup>®</sup> ,<br>Avita <sup>®</sup> , Renova <sup>®</sup> , Retin<br>A <sup>®</sup> , Retin A Micro <sup>®</sup> ,<br>Solage <sup>®</sup> )<br><br>Policy update – criteria<br>changes | <ul style="list-style-type: none"> <li>• Policy updated to allow coverage for acute promyelocytic leukemia.</li> <li>• List of not medically necessary conditions updated to include all cosmetic uses, including liver spots, melasma, photo-aged skin and wrinkles.</li> <li>• Updated list of available products.</li> <li>• Position statement updated.</li> </ul> | Dru067              |
| Viagra <sup>®</sup> , sildenafil<br><br>Policy update –<br>formatting changes  | Updated list of not medically necessary conditions to include lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH).   | Dru024              |
| Viagra <sup>®</sup> , sildenafil<br>(Medicare Part D Only)<br><br>Policy update – no<br>criteria changes   | Policy approved without criteria changes.  | Dru024_<br>Med Pt D |
| Xolair <sup>®</sup> , omalizumab<br><br>Policy update –<br>formatting changes  | <ul style="list-style-type: none"> <li>• Appendices updated to include National Heart, Lung and Blood Institute (NHLBI) asthma treatment guidelines.</li> <li>• Updated position statement.</li> </ul>   | Dru087              |