

LOGO

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October 30, 2009

Address Line 1  
Address Line 2  
Address Line 3

2010 Prior Authorization and  
Formulary Changes for Certain  
Chemotherapy and Ancillary  
Medications

Dear Prescriber,

The following outlines upcoming 2010 changes regarding prior authorization and formulary changes for certain chemotherapy and ancillary medications.

**Prior Authorization of Certain Chemotherapy Medications**

- **Bortezomib (Velcade<sup>®</sup>) or cetuximab (Erbix<sup>®</sup>) need prior authorization after February 1, 2010.**
  - Prior authorization will be needed for Regence members starting treatment with **bortezomib** (Velcade) or **cetuximab** (Erbix) after February 1, 2010. Members treated with either of these medications before February 1, 2010 will not need prior authorization for coverage.
  - Prior authorization criteria for bortezomib (Velcade) and cetuximab (Erbix) and supporting scientific evidence are available in our medication coverage policies at our public website: <http://blue.regence.com/policy/medication/contents.html>
- **Chemotherapy for Medicare members covered through Regence**
  - In addition to **bortezomib** and **cetuximab**, prior authorization will also be needed for **bevacizumab** (Avastin<sup>®</sup>), **pemetrexed** (Alimta<sup>®</sup>) and **rituximab** (Rituxan<sup>®</sup>) for Medicare members. Brand-name chemotherapy will only be able to be covered if it is administered according to Medicare guidance.
  - Specifically, chemotherapy will only be able to be covered for conditions that are acknowledged in national compendia that are recognized by CMS, such as the National Comprehensive Cancer Network (NCCN). “Off-label” use of chemotherapy that is not recognized by national oncology treatment guidelines will not be eligible for coverage for Regence’s Medicare members and subject to prior authorization.


You can request prior authorization on-line or print request forms at: [www.regencrx.com/pa](http://www.regencrx.com/pa)

**Formulary status change**

Effective December 1, 2009 Anzemet<sup>®</sup> will be a non preferred medication. Formulary alternatives include ondansetron and granisetron.

If you have questions or need additional information, please call Pharmacy Customer Service at 1-800-643-5918.

Sincerely,



Sean Karbowicz, Pharm.D., R.Ph.  
Clinical Pharmacy Manager