



**EPILEPSY
FOUNDATION®**

Not another moment lost to seizures™

8301 Professional Place, Landover, MD 20785

December 23, 2009

John D. Forsyth
Chairman & Chief Executive Officer
Wellmark BlueCross BlueShield
636 Grand Avenue
Des Moines, Iowa 50306-9232

Dear Mr. Forsyth:

I am writing on behalf of the Epilepsy Foundation to express our appreciation for your company's decision to help protect people with epilepsy by eliminating the cost differential on three common epilepsy drugs. While most people with epilepsy can safely switch between brand and generic, or generic to generic, there is significant data showing an elevated risk for some patients. We applaud Wellmark for recognizing that switching for some patients should be a clinical decision and not a financial requirement.

The retrospective data cited by your Pharmacy Director is consistent with what our organization hears from doctors and people with epilepsy. The majority of neurologists in the US indicate they have patients who have experienced breakthrough seizures or side-effects after switching. Close to two thousand people have contacted the Foundation reporting problems with switching. Several European countries with mandatory substitution policies exempt anti-epileptic drugs (AED's) due to safety concerns.

Unfortunately, we do not know what causes the elevated risk and we are working with the Food and Drug Administration and the American Epilepsy Society on a prospective trial that we hope will shed light on this safety issue. Until there is prospective data, our position, and that of the American Academy of Neurology, the American Epilepsy Society and professional organizations around the world, is that people with epilepsy should not be switched without the consent of the patient and physician. Again, we appreciate Wellmark eliminating the financial incentives that result in patients be switched for non-clinical reasons.

While your policy addresses brand to generic switching, one of the most common problems is generic to generic switching. As we continually emphasize, this is not a brand versus generic issue, but the need for some patients to have continuity of their formulation. The Epilepsy Foundation is reaching out to chain drug stores indicating

we will help inform people with epilepsy of any retailer that will agree to stock the AED from the same manufacturer. As you are aware, generic AED's are made by up to twenty different manufacturers and retailers change frequently based on price. The Foundation has received reports from patients indicating they had three different colored pills in the same prescription bottle. As a company covering medications for thousands of people with epilepsy in Iowa, any actions Wellmark takes to ensure continuity of formulations could both reduce costs and ensure patient safety.

Finally, we were unclear as to why the decision was limited to Topamax, Keppra and Lamictal. In fact, the retrospective studies cited by your Pharmacy Director were conducted before these AED's came off patent. We would encourage you to broaden the policy to include all AED's for people with epilepsy.

Again, the Epilepsy Foundation recognizes Wellmark as a leader in addressing this issue and for putting patient safety first. We will be encouraging the BlueCross BlueShield family to take similar action and hope your leadership will set the industry standard.

Sincerely,



Eric R. Hargis
President & Chief Executive Officer

CC: Epilepsy Foundation Board of Directors and Professional Advisory Board
R. Mathew Hosford, RPh, Pharmacy Director