

Prescription Drugs and Medications

1. Who administers the PEEHIP prescription drug claims?

PEEHIP selected [Express Scripts, Inc. \(ESI\)](#) as the claims administrator for the PEEHIP prescription drug program component of your health care plan. ESI is responsible for processing prescription drug claims under PEEHIP's coverage requirements established by the PEEHIP Board of Control. Click here for [Express Scripts' contact information](#).

NOTE: Beginning October 1, 2010, PEEHIP will use **MedImpact** as the claims administrator for the PEEHIP prescription drug program component of your health care plan. The change in drug vendors will be transparent to our members – there will be no disruption in services and your current contract number will not change. PEEHIP will provide members with new insurance cards during the month of September 2010. You will need to use your current insurance card through September 30, 2010, and begin using your new insurance card October 1, 2010. PEEHIP will also provide our members with the MedImpact contact information.

2. What is the copayment that I am required to pay to have a prescription filled?

When you choose a participating retail pharmacy you pay the following copayments, which are in effect until September 30, 2010:

30-Day Supply

- \$5 for any covered generic prescription drug
- \$30 for any covered preferred brand drug ([preferred brand drug list](#))
- \$50 for any covered non-preferred brand drug

90-Day Supply of Approved Maintenance Medications

- \$5 for any covered generic prescription drug
- \$30 for any covered preferred brand drug ([preferred brand drug list](#))
- \$50 for any covered non-preferred brand drug

Beginning October 1, 2010, the copayments will change as shown below for prescriptions filled at a participating retail pharmacy:

30-day Supply

- \$6 for any covered generic prescription drug
- \$40 for any covered preferred brand drug ([preferred brand drug list](#))
- \$60 for any covered non-preferred brand drug

90-day Supply of approved Maintenance Medications

- \$12 for any covered generic prescription drug
- \$80 for any covered preferred brand drug ([preferred brand drug list](#))
- \$120 for any covered non-preferred brand drug

3. Can I have my prescription filled at any pharmacy in Alabama?

When you choose a **participating retail pharmacy** in Alabama, the pharmacy will file all claims for you and you only pay the applicable copayment. Most major pharmacy chains participate with the PEEHIP Prescription Drug Plan. However, if you use a **non-participating** pharmacy in Alabama there are no benefits under PEEHIP and you will be responsible for the **full cost** of the prescription.

4. I have moved out-of-state. Will my prescription be paid if I use a non-participating out-of-state pharmacy?

Yes, but you must pay the pharmacist for the full cost of the prescription and then file the claim directly with Express Scripts, Inc. and be reimbursed at the participating pharmacy rate less the appropriate copayment. PEEHIP will cover an out-of-state **participating** pharmacy. The member pays the same copayments applicable for participating pharmacies.

5. **Am I required to use a generic drug when my doctor prescribed a brand-name drug?**

Pursuant to Alabama law, pharmacists are required to dispense a generic drug unless the physician indicates in longhand writing on the prescription “Do Not Substitute,” “Medically Necessary,” or “Dispense as Written.”

6. **Why can't I get a 90-day supply of my maintenance medication?**

The PEEHIP maintenance drug benefit is only applicable to a set list of maintenance medications already established by PEEHIP. Due to the high cost of claims and coverage, the PEEHIP maintenance drug benefit is not being expanded at this time. No new or additional drugs can be added to the PEEHIP maintenance drug list. If your medication is not on the list, you can only get a 30-day supply with each fill. This is true even if your medication was prescribed by your doctor to be taken on a continuous basis to manage a chronic or long-term condition and wrote your prescription for a 90-day supply.

7. **I have a prescription for a specialty medication. Is there a certain pharmacy that I must use?**

Yes. Members and covered dependents **must** use [CuraScript Specialty Pharmacy](#) for all specialty medications. A member may obtain the first fill of a specialty drug at either CuraScript Pharmacy or a local retail pharmacy. However, all subsequent refills must be filled exclusively through CuraScript Pharmacy. Specialty medications filled at any other pharmacy are not covered under PEEHIP. Click here for the [CuraScript list of specialty medications](#) list. The CuraScript toll free phone number is 866.848.9870.

NOTE: Beginning October 1, 2010, members and covered dependents must use **BioScrip** specialty pharmacy for all specialty medications. Members who are currently using specialty medications will soon be contacted by BioScrip. Beginning October 1, 2010, specialty medications will be filled through the BioScrip specialty pharmacy. You may contact BioScrip toll free at 877.694.5320.

8. **How can I save money on my prescription drugs?**

A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken, and the way it should be used. The FDA requires generic drugs to have the same high quality, strength, purity, and stability as brand-name drugs. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, **generic drugs are usually less expensive than brand-name drugs**. All generic drugs are approved by the FDA.

9. **Explain brand name, generic equivalent and therapeutic alternative medications.**

Brand-Name Medications: When a medication is developed, it is given a generic name and a brand name. The original manufacturer is the only company allowed to use the brand name and they receive patent protection during which time it is the only company allowed to sell the medication. For example, Lipitor is a brand-name medication and is manufactured by only one company. The generic version of Lipitor, atorvastatin, will not be available until the Lipitor patent expires.

Generic Equivalent Medications: After a brand-name medication loses its patent protection, other companies are allowed to manufacture the generic equivalent. Because many companies sell the generic version of a medication, competition drives down the medication's price. To qualify as a generic equivalent, the U.S. Food and Drug Administration (FDA) requires that the generic medication be identical in chemical active ingredients and strength to the brand-name medication. Inactive ingredients may be different. This is why some generics may differ in color and shape. But the generic must be as safe and effective as the brand-name medication in order to be approved by the FDA. For example, the brand name Tylenol is manufactured by many companies as generic acetaminophen.

Therapeutic Alternative Medications: Therapeutic alternative medications are chemically different but have similar therapeutic effects. For example, acetaminophen and aspirin are different chemicals but

because both are used for pain and fever, they may be used as therapeutic alternatives. The prices among Therapeutic Alternatives vary, sometimes significantly.

10. What is a Prior Authorization?

The process of obtaining certification or authorization from the pharmacy benefit manager, i.e. Express Scripts, Inc. (MedImpact on or after October 1, 2010), for specified medications or specified quantities of medications. A Prior Authorization often involves appropriateness review against pre-established criteria. Your pharmacist or physician may **contact Express Scripts toll-free at 800-347-5841** to perform a Prior Authorization review by phone or to request a Prior Authorization form. The completed Prior Authorization form can be **faxed toll-free to Express Scripts at 800-357-9577**. Drugs that require Prior Authorization and Step Therapy can be found on the PEEHIP Preferred Drug List on the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html, or by calling Express Scripts. Note: Beginning October 1, 2010, your pharmacist or physician's office may contact MedImpact toll free at 800.347.5841 to perform a PA review by phone or to request a PA form which should be completed and faxed to MedImpact at 877.606.0728

11. What is a Quantity Level Limit?

Quantity Level Limits are designed to (1) promote safe and appropriate drug use and (2) monitor drugs and/or drug classes that are widely recognized as having relatively high potential for overuse, misuse, and abuse. Monthly quantity limits are established in a science-based manner consistent with information from nationally recognized evidence-based guidelines and/or FDA-approved package labeling as submitted by the manufacturer of the product. Most quantity limits are established at the upper limit of the FDA-approved daily dosage range, notwithstanding special circumstances that are inevitable in clinical practice due to factors such as tolerance, individual variation in responsiveness, etc.

12. Who can I call if I have questions about my prescription?

You may call the **Patient Contact Center** at Express Scripts toll-free at **866-243-2125**. Beginning October 1, 2010, you may call MedImpact's Customer Service Center at 877.606.0727. The contact center is available 24 hours a day, 7 days a week to assist members with questions about the PEEHIP Prescription Drug Plan.

13. If my pharmacist has questions about the PEEHIP Prescription Drug Plan, who can he or she call?

Your pharmacist can call the **Pharmacy Help Desk** at Express Scripts toll-free at **800-235-4357**. Beginning October 1, 2010, your pharmacist may call MedImpact's Pharmacy Help Desk at 800.788.2949. The help desk is available 24 hours a day, 7 days a week to assist pharmacists with PEEHIP questions.

14. Where can I get a copy of the PEEHIP Maintenance Drug List and the PEEHIP Formulary Drug List?

These can be viewed and/or downloaded from the RSA web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html. Just click on the "Maintenance Drug List" link or the "Formulary Drug List" link. You will also find other helpful information about the PEEHIP Prescription Drug Plan.

15. What is Step Therapy and how does it work?

Step Therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug, and stepping up through a sequence of alternative drug therapies as a preceding treatment option fails. The Step Therapy program applies coverage rules at the point of service (for example, a first-step drug must be tried before a second-step drug will be covered). The member can get the second-step drug but it will not be covered by PEEHIP. If a claim is submitted for a second-step drug and the step therapy rule was not met, the claim is rejected, and a message is transmitted to the pharmacy indicating that the patient should be treated with the first-step drug before coverage of the second-step drug can be authorized. If a member would rather not pay the full price of the drug, the member's doctor should prescribe a first-step drug.

The PEEHIP Step Therapy Program applies to **new** prescriptions (those where a claim has not been filed

and processed in the prior 130 days) for certain drugs taken regularly to treat certain ongoing medical conditions. These certain conditions include: **high blood pressure; nerve pain; insomnia; urinary conditions; bone conditions; analgesic; high cholesterol; heartburn; arthritis; depression; dermatologic; and allergies.** Samples given to you by your doctor are not considered processed claims for purposes of Step Therapy and sometimes cause a 130-day lapse in the purchase dates which will trigger a medication to fall under the Step Therapy requirement.

FIRST STEP: When visiting your doctor, be sure to take a copy of the **PEEHIP Step Therapy Program list** which provides the list of first-, second- and third-step drugs for each therapeutic class and condition and provide a copy to your doctor. You can download this list from the RSA web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html. First-step drugs are generally generic drugs that carry the lowest copayment. They are usually less expensive than brand-name drugs, commonly prescribed, and safe and effective. It will be necessary to use the first-step drugs before PEEHIP will pay for second-step drugs. Only your doctor can advise you about the drugs you take so ask him or her to work with you to prescribe the most cost-effective medications for your specific condition.

SECOND STEP: If after trying the first-step drug treatment option, your physician decides the first-step drug is not appropriate for you, he or she can prescribe a second-step drug. A Prior Authorization is not needed as long as there is a presence of the first-step drug in your recent claims history. If, however, your doctor decides the first-step drug is not appropriate for you and prescribes a second-step drug bypassing the first-step treatment option, a **Prior Authorization form** must be completed and submitted by your doctor's office. See FAQ #10 regarding Prior Authorizations. Express Scripts may approve the medication if your doctor provides clinical information that warrants the use of the second-step product. Without an approved Prior Authorization, the claim will be rejected and the member will be required to pay the full price of the product. Second-step drugs are generally higher-priced brand-name drugs with a higher copayment.

THIRD STEP: The first- and second-step treatment options must be tried before PEEHIP will pay for third-step drugs. Third-step drugs are generally the most expensive brand-name drugs with the highest copayment.

16. Why is my medication subject to Step Therapy this month and it was not the last time I had it filled?

One of two reasons may be applicable:

- 1) You are a new member to the PEEHIP Hospital Medical Plan and PEEHIP does not have a record of your drug history claims processed under your prior drug coverage plan. To be "grandfathered" in from the Step Therapy requirement, you must provide a print-out of your Drug History Report to PEEHIP from your pharmacy which shows your processed claims for the medication for at least the prior 130 days.
- 2) You have not had a claim processed for the medication within the prior 130 days. This may happen even if you are taking your medication dosage as prescribed as some members get drug samples from their doctor which extend the time period between processed claims, especially if the member is taking an approved "maintenance" drug which allows a 90-day supply with each processed claim. Samples are not considered processed claims for purposes of Step Therapy. This may also happen if you are not taking your medication per the directions on the prescription label. You should not stop taking your medication or change the way you take your medication without talking to your doctor. If your doctor changes your prescription, have your doctor write a new prescription for the pharmacist with the updated information.

17. Are any PEEHIP members exempt from participating in Step Therapy?

Yes, PEEHIP members who are currently taking a 2nd or 3rd step product and have had a prescription claim processed for that 2nd or 3rd step product through the PEEHIP prescription benefit within the prior 130 days,

will not be subject to Step Therapy for that 2nd or 3rd step product. These members are “grandfathered” in and exempt from the Step Therapy requirements for that medication.

Members who are new to PEEHIP whose medication was covered under their previous insurance coverage should submit to PEEHIP a printout of their drug history report from their pharmacy which verifies that they have had prescription claims processed for their medication within the last 130 days. Once verified by PEEHIP, an override will be approved exempting them from the Step Therapy requirements for the medication.

18. Are samples considered processed claims for purposes of step therapy?

No. Samples of medication provided by your doctor are not considered processed claims for purposes of step therapy. NOTE: Please be aware that taking samples may extend the time period beyond 130 days between processed claims, especially if taking an approved maintenance medication which allows a 90-day supply with each processed claim. **This will trigger the step therapy requirement for your medication.**