

2010 Prescription Drug Changes

PEEHIP Formulary

Effective **February 1, 2010**, the PEEHIP Board of Control has approved changes to the **PEEHIP Formulary Drug List**. These changes include adding two preferred drugs and removing five non-preferred drugs from the list. Changes to the Formulary may result in either an increase or a decrease in the amount you pay for your prescription drugs. **All members affected by these changes were mailed a letter prior to February 1, 2010.** PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. You will pay a lower copayment of \$30 for the preferred brand drugs and \$5 for the generic drugs on the PEEHIP Formulary List.

Preferred (Formulary) Drugs that became Non-Preferred (Non-Formulary) Drugs on February 1, 2010

Indication	Non-Preferred Drug Effective 02-01-2010 (\$5 Copayment)	Preferred Drug Alternatives (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Asthma – Short-Acting Bronchodilators	PROVENTIL HFA	PROAIR HFA, VENTOLIN HFA	-
Depression	VENLAFAXINE ER	CYMBALTA, EFFEXOR XR, PRISTIQ (preferred drug as of 2-01-2010)	venlafaxine
Diabetes – Blood Glucose Meters & Testing Supplies	ACCU-CHEK ONE TOUCH	BREEZE & CONTOUR (Bayer) (preferred drug as of 02-01-2010)	-
Glaucoma – Ophthalmic Prostaglandins	TRAVATAN	LUMIGAN, XALATAN	-

Non-Preferred (Non-Formulary) Drugs that became Preferred (Formulary) Drugs on February 1, 2010

Indication	Preferred Drug Effective 02-01-2010 (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Depression	PRISTIQ	venlafaxine
Diabetes – Blood Glucose Meters & Testing Supplies	BREEZE & CONTOUR	-

Step Therapy Program

The PEEHIP Board approved two new drug classes to be included in the Step Therapy drug program. The expansion of the Step Therapy Program will apply to new prescriptions written on or after **February 1, 2010**. Anyone who is currently on the brand-name medications will be grandfathered in and will not be subject to the Step Therapy requirements if there has not been more than a 130-day lapse in the purchase dates of your medication.

PEEHIP's Step Therapy Program requires a first step drug be tried before PEEHIP will pay for a second step drug. If after trying a first step drug your physician decides to prescribe a different medication, PEEHIP will cover the second step drug. However, if your doctor bypasses the first step drug and prescribes a second step drug, the necessary clinical information must be provided by your doctor's office in a Prior Authorization Review before PEEHIP will consider paying for the second step drug. Without an approved Prior Authorization, the claim will be rejected and the member will be required to pay the full price of the medication. The Prior Authorization phone and fax numbers are 800.347.5841 and 800.357.9577, respectively.

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Step Therapy Program Name	Indication	Try one of these generic first step drugs	If the prescription is for one of these brand second step drugs
DPP-IV Inhibitors	Diabetes	ACTOPLUS MET, VANDAMET, FORTAMET, GLUCOPHAGE, XR, GLUCOVANCE, LUMETZA, METAGLIP, metformin, er, metformin/glipizide, metformin/glyburide, PRANDIMET, RIOMET	JANUMET, JANUVIA, ONGLYZA
TZDs	Diabetes	FORTAMET, GLUCOPHAGE, XR, GLUCOVANCE, GLUMETZA, JANUMET, METAGLIP, metformin, er, metformin/glipizide, metformin/glyburide, PRANDIMET, RIOMET	ACTOPLUS MET, ACTOS, AVANDAMET, AVANDARYL, AVANDIA, DUETACT

Prior Authorization Program

The PEEHIP Board approved changes to the Prior Authorization Program which apply to new prescriptions written on or after **January 11, 2010**, for the following brand name medications: Adcirca, Dysport, Ilaris, Kuvan, Nplate, Nuvigil, Promacta, Samsca, Simponi, Stelara, Tyvaso, Ventavis, and Xenazine. These medications require an approved Prior Authorization before they will be covered by PEEHIP. The necessary clinical information must be provided by your doctor's office through a Prior Authorization Review before PEEHIP will consider paying for these medications. This prior authorization process is necessary to prevent unapproved, off-label use of these medications. To allow sufficient notification of these changes, members currently taking these medications will automatically receive Prior Authorization for one year to continue receiving these medications through PEEHIP. After one year, beginning February 1, 2011, a Prior Authorization is required **each year** to be covered by PEEHIP. All members affected by these changes were mailed a letter in January 2010. The Prior Authorization phone and fax numbers are 800.347.5841 and 800.357.9577, respectively.

Quantity Level Limit (QLL) Program

Effective **February 1, 2010**, the PEEHIP Board approved the inclusion of the medications shown in the chart below in the Quantity Level Limit Program. A quantity of each medication will be covered by PEEHIP without a Prior Authorization (PA). If your prescription calls for more than the limit specified below, a PA is required. If the PA is not approved, a member may purchase the additional quantity at their own expense. The purpose of the PA is to prevent stockpiling, misuse and/or overuse of controlled release opioids. The limits are recommended by the U.S. Food & Drug Administration (FDA) and medical studies based on manufacturers' guidelines. This program also helps PEEHIP control the cost of these medications by limiting the "extra" supply of these medications. All members affected by these changes were mailed a letter prior to February 1, 2010.

Brand Name Drug	Maximum Quantity Level Limit per 30 days
Avinza	60 capsules
Embeda	90 capsules
Kadian	90 capsules
MS Contin Oramorph SR (generic name drug available: morphine sulfate CR)	120 tablets
Opana ER	90 tablets
Oxycontin	90 tablets