



2009 Prescription Drug Changes

PEEHIP Formulary

Effective February 1, 2009, the PEEHIP Board of Control has approved changes to the PEEHIP Formulary Drug List. These changes are shown in the table below and include adding some preferred and generic drugs as well as removing some 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, 2009.

Preferred (Formulary) Drugs that became Non-Preferred (Non-Formulary) Drugs On February 1, 2009

Indication	Non-Preferred Drug Effective 02-01-2009 (\$50 Copayment)	Preferred Drug Alternatives (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Asthma	Xopenex HFA	Proair HFA, Proventil HFA, Ventolin HFA	none
Bone Loss	Fosamax Plus D	none	alendronate + vitamin D*
	Fosamax Solution	none	alendronate
Diabetes	Avandamet	Actoplus Met	none
	Avandaryl	Duetact	none
	Avandia	Actos	none
Eye Infections	Tobradex	Zylet	none
Heartburn/Ulcers	Prevacid	Nexium	omeprazole

* Alendronate is available generically by prescription, and then vitamin D can be obtained in over-the-counter multivitamins, calcium supplements, fortified foods, and from sunlight.

Non-Preferred (Non-Formulary) Drugs that became Preferred (Formulary) Drugs On February 1, 2009

Indication	Preferred Drug Effective 02-01-2009 (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Airway Disease	Perforomist	none
Diabetes	Lantus Cartridge/Solostar	none
High Blood Pressure	Byostolic	acebutolol, atenolol/chlorthalidone, betaxolol, bisoprolol fumarate/hctz, carvedilol, labetalol hcl, metoprolol, hctz, er, nadolol, pindolol, propranolol hcl, w/hctz
Hormone Replacement	Striant (orally dissolving)	none
Pain	Opana ER	fentanyl citrate, hydromorphone, morphine sulfate, oxycodone w/acetaminophen

Formulary management is an important component used by PEEHIP in the management of your pharmacy benefit. PEEHIP makes recommendations to the Board as to which drugs to add to or delete from the Formulary Drug List during the year based on a medication's effectiveness, safety, cost, and the availability of generic alternatives. This is a continuing effort by PEEHIP to save members as well as the state money on prescription drug costs.

PEEHIP established a three-tier copayment structure designed to provide the most savings to PEEHIP members with the generic drugs or the preferred brand-name drugs that are on your 2009 PEEHIP Formulary Drug List. Generic drugs carry a \$5 copayment and preferred brand-name drugs carry a \$30 copayment. Drugs not on your preferred drug list, sometimes referred to as non-formulary drugs, will remain available but you will pay the highest copayment of \$50.

If you are taking one of the non-formulary drugs listed on the chart on page 2, please consult your physician and pharmacist about choosing generic drugs or preferred drugs that are clinically safe and cost-effective for you and the PEEHIP program. Almost all members will find an effective alternative therapy that will save both them and the plan money.

To access the complete updated 2009 PEEHIP Formulary Drug List, please visit PEEHIP's Pharmacy Benefits Web page at www.rsa-al.gov/PEEHIP/pharm-benefits.html. For more information about the formulary process, please visit www.express-scripts.com or contact Express Scripts toll-free at 866-243-2125.

PEEHIP Prior Authorization Program

Effective February 1, 2009, the PEEHIP Board of Control has approved the following changes to the PEEHIP Prior Authorization Program. All members affected by these changes were mailed a letter prior to February 1, 2009.

- ◆ New prescriptions for the medications **Arcalyst, Cimzia, Letairis and Tracleer** will require a Prior Authorization from the physician before the medications will be covered by PEEHIP. This prior authorization process is necessary to prevent unapproved, off-label use of these expensive specialty 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, 2010, a member will need Prior Authorization for the medications to be covered by PEEHIP.
- ◆ **Exubera** has been removed from the PEEHIP Prior Authorization Program. This inhaled insulin product is no longer available as it was discontinued by the manufacturer due to lack of sales.

Step Therapy Program

PEEHIP has approved changes to the PEEHIP Step Therapy Program that are effective either January 1 or February 1, 2009. These changes are shown in the table below. Members who are currently taking any of these products and have had a prescription claim processed for the product through the PEEHIP prescription benefit within the prior 130 days **will not be** impacted by these changes. These changes apply to **new** prescriptions which are those prescriptions where a claim has not been filed and processed in the prior 130 days. These changes are also reflected in the updated "PEEHIP Step Therapy Program Overview" document available at www.rsa-al.gov/PEEHIP/pharm-benefits.html.

Step Therapy Program Changes

Condition	Product	Change Made	Effective Date of Change
Bone Conditions	Fosamax + Vitamin D, Fosamax Oral Solution	Moved from 2 nd step product to 3 rd step product	February 1, 2009
Heartburn	Pantoprazole	Moved from 1 st step product to 2 nd step product	January 1, 2009
	Prevacid Prevacid Solu Tab	Moved from 2 nd step product to 3 rd step product	February 1, 2009
High Cholesterol (HMG-Co-A Reductase Inhibitors)	Advicor, Simcor	Removed products from Step Therapy Program	January 1, 2009