



Open Enrollment Edition - Part II

Remember the Open Enrollment Deadlines

- July 1 - September 10 - Online enrollment
- July 1 - August 31 - Paper forms enrollment (Paper forms postmarked after August 31 will not be accepted)
- July 1 - September 30 - Flexible Spending Accounts online and paper enrollment

You do not need to do anything during Open Enrollment if you are satisfied with your current coverage. If you take no action, you and your eligible dependents will remain on your current plan(s).

Exceptions: If you want to renew your Flexible Spending Accounts or Federal Poverty Level (FPL) Premium Discount, you must re-enroll each year as these two programs do not automatically renew. Enrollment in Flex can be done online, but enrollment in the FPL program must be done by submitting a completed paper FPL Application to PEEHIP.

The preferred method of enrolling or making changes in coverage is online through Member Online Services (MOS).

Go to www.rsa-al.gov and click MOS Login at the top right of the web page.

1. Enter your self-selected User ID and Password.
 - ◆ **New User:** Click Register Now to create your own User ID and Password.
 - ◆ **Forgot User ID and/or Password:** Click Reset Account and provide the requested information.
2. Click "Enroll or Change PEEHIP Coverages" from the PEEHIP menu.
3. Click the Open Enrollment option and then click Continue, and follow the on-screen prompts until you receive your Confirmation page.

For those members who do not have access to a computer or the Internet and wish to make Open Enrollment changes, a paper form can be mailed upon request by calling Member Services toll-free at 877.517.0020. Visit the PEEHIP Open Enrollment web page at www.rsa-al.gov/index.php/members/peehip/open-enrollment/ for more information about online enrollment and Open Enrollment. ●

PEEHIP Extends Wellness Program Deadline to 8/31/2015



On August 1, 2014, PEEHIP introduced a new and cutting edge wellness program designed to address escalating disease trends and health risks in the PEEHIP population. This Wellness Program will result in an overall healthier PEEHIP membership, which will then result in highly substantial savings for the PEEHIP plan due to a reduction in expensive healthcare claim costs. This means that the PEEHIP *Team Up for Health* Wellness Program is working to make both the PEEHIP members and the plan stronger.

As part of the Wellness Program, eligible PEEHIP members are asked to complete a set of activities designed to recognize health related opportunities and threats, and also give members the means to act on those opportunities and avoid those threats. PEEHIP is pleased to announce that as of early July, over 132,000 members have obtained a wellness screening, over 131,000 members have completed the health questionnaire, and over 47,000 members have completed health coaching. This means that 82% of the eligible membership has completed all required activities in order to earn the \$50 monthly wellness premium waiver.

Due to the amazing completion rates of the required activities, PEEHIP would like to expand the time available so that even more members can reach 100% complete. It has always been PEEHIP's goal for 100% of the eligible membership to reach completion so that no members are charged the monthly wellness premium. Because of this, **the deadline to complete all required activities has been extended to August 31, 2015.** However, due to premium invoicing calculations occurring one month in advance, **there is no more available time for another deadline extension after this date.** This means that this is the absolute final date available for you to complete your remaining activities and avoid the \$50 monthly wellness premium effective October 2015. So act quickly and log on to www.MyActiveHealth.com/PEEHIP today to check your completion status and take action to reach 100% if you have not yet done so! ●

Prescription Drug Program Changes

(Changes do not apply to PEEHIP's Medicare GenerationRx drug program or the VIVA Health Plan)

Drug Formulary Changes:

The PEEHIP Board approved changes to the PEEHIP Drug Formulary effective October 1, 2015. These changes will result in either an increase or decrease in the amount you pay for these prescription drugs. **All members affected by these changes will be mailed a letter prior to October 1, 2015.** PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. You will pay a copayment of \$40 for the Tier 2 preferred brand drugs and \$6 for the generic drugs on the PEEHIP Formulary List for a 30 day supply. Tier 3 non-formulary brand drugs have the highest copayment of \$60 for a 30 day supply. The PEEHIP Formulary Drug List is available on the PEEHIP Pharmacy Benefits web page at www.rsa-al.gov/index.php/members/peehip/pharmacy/. (See the July 2015 *PEEHIP Advisor* for other drug program changes.)

These drugs have been moved from Tier 3 to Tier 2 and will have a lower copay of \$40: Asmanex Twisthaler, Pulmicort Flexhaler, Xarelto.

The following drugs have been moved from Tier 2 to Tier 3 and will have a copay of \$60:

Drug Name	Indication	Alternative Drugs (Tier 2 brand or generic)
Absorica	Acne	isotretinoin
Aranesp	Anemia	Epogen
Flovent Diskus, Flovent HFA	Asthma	Asmanex, Pulmincort, Qvar
PegIntron/ PenIntron Redipen	Hepatitis C	Pegasys
Tudorza	COPD	Spiriva

Step Therapy Program Changes:

The PEEHIP Step Therapy Program will have two new programs added, and a revision of six existing programs, and a deletion of two as shown in the chart below. **Current members utilizing these drugs will be grandfathered from these step therapy requirements.**

Step Therapy Program Name	Indication	Drug Name	Changes & Coverage Criteria Effective 10-1-2015
Anticoagulants - Factor Xa Inhibitors	DVT and PE treatment and prevention, nonvalvular atrial fibrillation	Pradaxa	Requires prior use of two 1st step drugs within the last 365 days: Xarelto and Eliquis
AntiInfective - Tetracycline	Various Infections	Vibramycin 50mg	Prior use of a 1st step drug within the last 130 days: doxycycline monohydrate 50mg
AntiInfective - Tetracycline	Various Infections	Vibramycin 100mg; Doxy-Lemmon; Morgidox; Benoxylodoxy 30kit; Benoxylodoxy 60kit; Advidoxy DK kit	Requires prior use of a 1st step drug within the last 130 days: doxycycline monohydrate 100mg
CNS Agents	ADD	Vyvanse	Requires prior use of a 1st step drug within the last 130 days: methylphenidate IR, mixed amphetamine salts (Adderrall), or methylphenidate ER/LA/CD
Dermatologic - Acne (NEW)	Severe Recalcitrant Nodular acne	Absorica	Requires prior use of a 1st step drug within the last 130 days: isotretinoin
Endocrine - Glucocorticoids	Ulcerative colitis	Uceris foam	Requires prior use of a 1st step drug within the last 130 days: mesalamine enema

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Step Therapy Program Name	Indication	Drug Name	Changes & Coverage Criteria Effective 10-1-2015
GLP-1 Agonists	Diabetes	Tanzeum	Requires prior use of two 1st step drugs within the last 130 days: Victoza or Trulicity AND one of the following: metformin, metformin combination, sulfonylurea, pioglitazone, pioglitazone combination
Metabolic Disease (NEW)	Prevention of gout flares	Mitigare	Requires prior use of a 1st step drug within the last 130 days: colchicine
Respiratory Inhalant Products II	Asthma	Flovent Diskus, Flovent HFA	Requires prior use of two 1st step drugs within the last 365 days: Asmanex, Pulmicort, Qvar
Respiratory Inhalant Products (DELETE STEP)	Asthma	Asmanex Twisthaler; Pulmicort Flexhaler	Requires use of two 1st step agents within the last 365 days: Qvar and Flovent
Tetracyclines (DELETE STEP)	Various Infections	Adoxa Pak 150mg	Requires use of 1st step drug within the last 130 days: doxycycline

Additionally, the following existing Step Therapy programs are being amended/modified: Tetracyclines (Adoxa, Doryx); SGLT2 Inhibitors (Farxiga); Selective Phosphodiesterase Inhibitor (Daliresp); Antivirals (Riba-pak, Moderiba).

Prior Authorization Program Changes:

The following medications will be added to the Prior Authorization Drug Program: Afrezza; Gamunex C, Gammagard liquid, Gammastan SD, Privigen; Lemtrada; Lumizyme; Otezla. Additionally, Pradaxa will no longer require a PA.

A letter will be mailed prior to October 1, 2015, to all members currently utilizing these drugs and the members' prescribing physicians. The prior authorization requires an FDA approved indication for coverage to prevent unapproved off label use of these medications. Your doctor's office may call the MedImpact Prior Authorization toll-free phone and fax numbers 800.347.5841 and 877.606.0728, respectively, to request a Prior Authorization review.

Quantity Level Limit (QLL) Program:

A quantity limit will be placed on the medications shown in the chart below. All members affected by these changes will be mailed a letter prior to October 1, 2015. If your prescription calls for more than the limit specified below, a Prior Authorization (PA) is required. If the PA is not approved, a member may purchase the additional quantity at their own expense. The limits are recommended by the U.S. Food & Drug Administration (FDA) and medical studies based on manufacturers' guidelines. The purpose of the PA is to prevent stockpiling or misuse and also helps PEEHIP control the cost by limiting the "extra" supply of these medications.

Adoxa 50, 75, 150 mg = 60 tablets	Adoxa, Adoxa Pak, Avidoxy 100mg = 60 tablets
Afrezza = (4 unit cartridge) of 180 cartridges per 28 days ; (30-4 unit + 60-8 unit cartridges) of 450 cartridges per 28 days; (60-4 unit + 30-8 unit cartridges) of 450 cartridges per 28 days	Apidra/ Apidra Solostar Vial = 40mL (4 vials) per 28 days; Cartridge = 30mL (10 cartridges) per 28 days; Solostar = 30mL (10 pens) per 28 days
Avidoxy DK kit = 1 kit	Benoxylodoxy 30 kit, Benoxylodoxy 60 kit = 1 kit
Clarinet-D = 24 Hour = 30 tablets; 12 Hour = 60 tablets	Doryx 75, 100, 150mg tablets = 60 tablets
Doryx 150, 200mg = 30 tablets	Doxy-Lemmon = 60 tablets
Humalog Mix 75/25 Vial = 40mL (4 vials) per 28 days; Kwikpen = 30mL (10 pens) per 28 days	Humalog Mix 50/50 Vial = 40mL (4 vials) per 28 days; Kwikpen = 30mL (10 pens) per 28 days
Humalog Vial = 40mL (4 vials) per 28 days; Cartridge = 30mL (10 cartridges) per 28 days; Pen = 30mL (10 pens) per 28 days	Humulin 70/30, Humulin 70/30 Kwikpen Vial = 40mL (4 vials) per 28 days; Kwikpen = 30mL (10 pens) per 28 days
Humulin N / Humulin N Kwikpen = 30mL (10 pens) per 28 days	Humulin R Vial = 40mL (4 vials) per 28 days
Hysingla ER = 30 tablets	Kazano = 60 tablets

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Lantus / Lantus Solostar Vial = 40mL (4 vials) per 28 days; Cartridge = 30mL (10 cartridges) per 28 days; Solostar = 30mL (10 pens) per 28 days	Levemir / Levemir Flextouch Vial = 40mL (4 vials) per 28 days; Flextouch = 30mL (10 pens) per 28 days
Migranal = 8 vials per 28 days	Nesina = 30 tablets
Novolin 70/30 = 40mL (4 vials) per 28 days	Novolin N Vial = 40mL (4 vials) per 28 days
Novolin R Vial = 40mL (4 vials) per 28 days	Novolog / Novolog Flexpen Vial = 4 (40ml) per 28 days; Cartridge = 10 (30ml) per 28 days; Flexpen = 10 pens (30ml) per 28 days
Novolog Mix 70/30 Vial =40mL (4 vials) per 28 days; Kwikpen =30mL (10 pens) per 28 days	Oseni = 30 tablets
Pradaxa = 60 tablets	Tanzeum = 4 pens per 28 days
Trezix = 300 capsules	Vibramycin = 60 capsules
Vyvanse = 30 tablets	

Additionally, the existing limits on the following drugs will have a revised QLL: Flovent HFA; Mitigare; Forteo; Onglyza. ●

Excluded Drugs

Indication	Preferred Drug	Excluded Drug(s) Effective October 1, 2015
Acne	Clindamycin; tretinoin	Acanya; Benzaclin; Veltin; Ziana
	doxycycline	Solodyn
Anti-inflammatory and immuno-suppressive for many conditions	prednisone	Rayos
Asthma	montelukast; zafirlukast	Zyflo; Zyflo CR
GERD, ulcers	ibuprofen; famotidine	Duexis
Increased tear production	Over the Counter (OTC) drugs are available	Restasis
Rosacea	doxycycline	Oracea
Reduction of NSAID associated GI ulcers during treatment of arthritis/ spondylitis	esomeprazole; naproxen	Vimovo
Toenail fungus	ciclopirox; lamisil	Jublia; Kerydin
Various infections	doxycycline	Acticlate 75mg and 150mg; doxycycline monohydrate 75mg and 150mg; Morgidox; Monodox
	minocycline	Dynacin; Minocin

Additional Information on Spousal Surcharge

To keep the PEEHIP plan financially solvent, one of the biggest changes for PEEHIP members is the three-year-phase-in of the spousal surcharge. This surcharge was not decided upon lightly, but was selected after extensive analysis and deliberation of the ways to ensure the future of PEEHIP. Listed below are some of the factors that led to the selection of the spousal surcharge as a means toward eliminating the shortfall in funding that PEEHIP faced.

- ◆ Spouses are the most expensive dependent on family policies. Adding a child to a policy increases the cost to the plan by around 60%, but adding a spouse increases the cost by around 260%.
- ◆ The Affordable Care Act (ACA) allows plans to exclude spouses from coverage. PEEHIP has seen an increase in the enrollment of spouses in the plan due to other insurance

companies excluding spouses as eligible dependents, or financially incentivizing their members to remove their spouse from their plan. Some plans pay up to \$150 per month for members to remove their spouse from their policy. While PEEHIP chooses to cover spouses, the increase in the number of spouses enrolled creates the need for PEEHIP to equalize the responsibility of coverage for spouses among other members.

- ◆ Unlike children, spouses have access to other coverage options, either through their own employers or through the healthcare marketplace.
- ◆ Even with the addition of the spousal surcharge, the PEEHIP family plan cost is still substantially lower than any other Southern state health plan. ●