



PEEHIP Premium, Benefit and Policy Changes

The PEEHIP Board met on May 7, 2013, and approved the premium, benefit and policy changes as shown in this newsletter. All changes approved are effective October 1, 2013.

Insurance Allocation & Insurance Premium Rate Information

The primary source of funding for PEEHIP comes from the Legislature’s annual appropriation. For fiscal year 2014, PEEHIP will receive level funding of \$714 for the third fiscal year in a row. This amount must provide insurance coverage to roughly 300,000 active and retired members and their covered dependents.

The health insurance premiums set by the PEEHIP Board are another source of funding for the insurance program. For fiscal

year 2014, there will be no new premium increases for active and retired members who retired prior to October 1, 2005. However, as mandated by Federal Cobra Law and state law relating to Surviving Spouses paying the cost of their coverage, there will be increases to these rates. Also, members who retired on or after October 1, 2005, will experience rate adjustments because their premiums are subject to the sliding scale.

PEEHIP Hospital Medical or VIVA/HMO Health Plan	Active Employees	COBRA & Leave of Absence
Single	\$15	\$403
Family	\$177	\$997
Supplemental Medical Plan	\$0	\$154
PEEHIP Hospital Medical or VIVA/HMO Health Plan	*Retired Employees	Surviving Spouse/ Dependent
Single/Non-Medicare-eligible	\$151	\$679
Family/Non-Medicare-eligible & Non- Medicare-eligible Dependents	\$391	\$870
Family/Non-Medicare-eligible & Only Dependent Medicare-eligible	\$250	\$839
Single/Medicare-eligible	\$10	\$318
Family/Medicare-eligible & Non- Medicare-eligible Dependent	\$250	\$516
Family/Medicare-eligible & Only Dependent Medicare-eligible	\$109	\$485
**Tobacco Surcharge	\$28	\$28

* These rates are applicable to retired members not subject to the sliding scale rates (based on 25 years of service) who retired prior to October 1, 2005. Members who retired on or after October 1, 2005, are subject to the sliding scale premium rates which are based on years of service and the cost of the insurance program. An age and subsidy component may also apply for members retiring on or after January 1, 2012. A chart illustrating the new sliding scale rates will be posted on the PEEHIP website.

** Tobacco surcharge applies to the Hospital Medical and HMO plans only.

Approved Benefit and Policy Changes

Insurance Carriers: By law, PEEHIP is required to rebid all of the carrier contracts every three years. The contracts were rebid and:

- Blue Cross Blue Shield of Alabama will administer the Hospital Medical Program and the Flexible Spending Account Program
- Southland National will administer the four Optional coverage plans (cancer, dental, indemnity and vision)
- VIVA Health Plan will be the HMO carrier
- MedImpact will administer the prescription drug program for the commercial plan, specialty program, and the MedicareGenerationRx Part D program.

CRNPs and PAs: The PEEHIP Hospital Medical plan will begin covering **In-network** Certified Registered Nurse Practitioners (CRNP) and Physician Assistants (PA) to the extent these

providers are acting under appropriate supervision and within their state license. There will be no change in the office visit copayment.

Cancer and Indemnity Plans: The cancer and indemnity programs will have changes to allow any physician recommended observation period that is greater than 24 hours to qualify as an inpatient stay. Under the cancer plan, there will be a limit of \$5,000 on blood and plasma per year for leukemia, and additional cancer schedule of operations will be added.

Worksite Wellness Program: The Worksite Wellness Program will continue for fiscal year 2014. The program includes free Health Screenings and Colorectal Screenings, and for those who meet the age and medical criteria, they can have a free Osteoporosis Screening as well. Also, Alabama Department of Public Health nurses administer the flu vaccines

to covered members and spouses, and now children covered on PEEHIP can receive the flu vaccinations at their own school locations. The PEEHIP Wellness program is administered by the Alabama Department of Public Health and is intended to identify early detection and help members achieve a healthy lifestyle. Also, the program assists members and their families make voluntary behavior changes, which will potentially improve or even eliminate their health risks and enhance their productivity and wellness.

VIVA Health Plan: Primary Care Physician copay increased from \$20 to \$30; added a \$25 copay for days 2 – 5 for Inpatient Hospital Stays; added calendar year deductibles of \$300 per individual and \$900 maximum per family; and added coinsurance limits of \$2,000 per individual and \$6,000 maximum per family.

Prescription Drug Program Changes

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

Drug Formulary Changes

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, 2013. PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. You will pay a lower 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/PEEHIP/pharm-benefits.html.

The following drugs have been moved from Tier 3 to Tier 2 and will have a lower copay of \$40:

Apriso Diovan	Azilect Fosamax+D	Benicar Neupro	Benicar HCT Onfi	Brillanta Picato
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The drugs in the first column* below 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)
Apokyn	Parkinson's Disease	Carbidopa/levodopa, pramipexole, ropinirole
Elidel	Atopic Dermatitis	triamcinolone, fluticasone, fluocinonide, clobetasol
Lialda and Pentasa	Ulcerative Colitis	Apriso, Asacol
Rozerem	Insomnia	Zaleplon, zolpidem
Sancuso	Nausea & Vomiting Post Chemo	ondansetron
Sarafem	PMDD	fluoxetine
Tasmar	Parkinson's Disease	entacapone
Vimpat	Seizures	Carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide, valproic acid, divalproex
Zyclara	Actinic Keratosis	fluorouracil

Step Therapy Program Changes

The PEEHIP Step Therapy Program will have one program deleted, four new programs added, and a revision of five existing programs 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 10-1-2012
Anticonvulsants (REVISED)	Epilepsy	Lamictal ODT, Lamictal XR	Requires prior use of a 1 st step drug (lamotrigine immediate release) within the last 130 days
	Seizures	Banzel	Requires prior use of a 1 st step drug (lamotrigine valproic acid, topiramate) within the last 130 days
	Epilepsy, mania, migraine	Stavor	Requires prior use of a 1 st step drug (valproic acid, divalproex) within the last 130 days
Antiemetic (NEW)	Nausea and Vomiting Post Chemo	Anzemet, Sancuso, Kytril, Cesamet, Zuplenz	Requires prior use of the 1 st step drug ondanseron tablets or ODT within the last 130 days
CNS Stimulants (NEW)	ADD/ADHD	Quillivant XR	Requires prior use of a 1 st step drug (methylphenidate LA, methylphenidate CD) within the last 130 days
CNS Agents (NEW)	Seizures	Onfi, Felbatol	Requires use of a 1 st step drug (lamotrigine, topiramate) within the last 130 days
	Partial onset Seizures	Potiga, Vimpat, Gabitril	Requires prior use of two 1 st step drugs (carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide, valproic acid, divalproex) within the last 365 days
Dermatological Agents (REVISED)	Psoriasis	Sorilux, Dovonex, Vectical, Taclonex, Drithocrema HP, Zithranol RR, Zithranol	Requires prior use of a 1 st step drug (topic corticosteroid such as clobetasol, fluticasone, fluocinonide, triamcinolone) within the last 130 days
Gastrointestinal Agents (NEW)	Ulcerative Colitis	Asacol HD, Lialda, Pentasa	Requires prior use of a 1 st step drug (Apriso, Asacol) within the last 130 days
High Blood Pressure/ ARBs (REVISED)	Hypertension	Tribenzor	Requires prior use of a 1 st step drug (ACE, ACE combo, ARB, ARB combo) within the last 130 days
Parkinsons Disease/ Other (REVISED)	Parkinson's Disease	Tasmar	Requires prior use of 1 st step drug entacapone within the last 130 days
Parkinsons Disease/ Dopamine Agonist (REVISED)	Parkinson's Disease	Neupro	Requires prior use of 1 st step drug (pramipexole IR, ropinirole IR) within the last 130 days
AntiPlatelet Agents (DELETE STEP)	Acute Coronary Syndrome	Brilinta	Prior use of clopidogrel no longer required.

Additionally, the following existing Step Therapy programs are being amended/ modified: Biphosphonates (prior use of alendronate and ibandronate within last 130 days) and Other Antidepressants: Aplenzia (prior use of bupropion only within last 130 days), Pexeya (prior use of paroxetine only within last 130 days).

Prior Authorization Program Changes

The medications below will either be added to or deleted from the Prior Authorization Drug Program. **A letter will be**

mailed prior to October 1, 2013, 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 Prior Authorization toll-free phone and fax numbers 800.347.5841 and 877.606.0728, respectively, to request a Prior Authorization review.

Drugs to be added to the Prior Authorization List: Aldara, Androgel, Apokyn, Axiron, buprenorphine, Solaraze, Suboxone, Zyclara.

Drugs to be deleted from the Prior Authorization List: Banzel, Felbatol, Gabitril, Lamictal ODT, Lamictal XR, Onfi, Picato, Potiga, Revatio, Sancuso, Stavzor, Xarelto.

continued on page 4



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, 2013.** PEEHIP will cover the quantity of each of these medications without the need for 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 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.

<p>Actinic Keratosis: Solaraze (100grams=1tube) Zyclara (2.5% & 3.75% pump=1 bottle per 28 days; 3.75% packet=28 packets per 28 days)</p> <p>Acute Coronary Syndrome: Effient (30 tabs)</p> <p>Chronic Idiopathic Constipation, Irritable Bowel: Amitiza (60 caps)</p> <p>Insomnia: Zolpimist (1pump/7.7ml)</p>	<p>Nausea/Vomitting Post Chemo: Kytril (60 ml solution; 8 tabs) Marinol (60 caps) Zuplenz (4mg=2tab/3days; 8mg=1tab/3days)</p> <p>Osteoporosis: Atelvia (1tab/7days)</p> <p>Parkinson's Disease: Apokyn (60 ml) Azilect (30 tabs) Mirapex ER (30 tabs) Neupro (30 patches) Requip XL (30 tabs) Tasmar (90 tabs) Zelapar (60 tabs)</p>	<p>Testosterone Replacement: Axiron (180g/mo -2packs/mo or 6g/day)</p> <p>Seizures, Epilepsy: Banzel (200mg=480tabs; 400mg=240tabs; Soln=2400ml) Gabitril (2mg,4mg,12mg=120tabs; 16mg=90tabs) Lamictal ODT (25mg, 50mg=180tabs; 100mg=90tabs; 200mg=60tabs) Lamictal XR (25mg, 50mg=180tabs; 100mg=90tabs;200mg,250mg,300mg=60tabs) Onfi (60 tabs) Potiga (50mg=270tabs; 200mg,300mg,400mg=90 tabs) Vimpat (60 tabs)</p>
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Additionally, the QLL on the following drugs will be deleted: Celaxa, Lexapro, Prozac, Prozac Weekly, Sarafem; and the existing limits on the following drugs will have a revised QLL: Cesamet, Flovent Diskus, Flovent HFA, Humira, Pexeva, Xarelto.

Drugs with Age Limits

The following two medications have FDA recommended age limits: Elidel and Protopic are only approved for patients 2 years of age and older. This is a safety edit as these medications are not indicated in patients less than two years of age. **Members affected by these changes will be mailed a letter prior to October 1, 2013.**

Concurrent Use Edits

The following two drugs will have concurrent use edits: Suboxone and buprenorphine. If used with an opioid analgesic, the claim for these medications will deny. This is a safety edit to ensure the appropriate use of these medications.

Zero Dollar Copayment Programs

On May 7, 2013, the PEEHIP Board approved continuing the PPI Zero Dollar Copay Program but will discontinue the ARB and Sedative Hypnotic programs effective May 7, 2013. For members who are currently participating in the discontinued programs, you will continue to receive

any remaining copay waivers on these programs.

Members who are **currently** taking one of the brand PPI drugs listed below and switch to the generic alternative drug are eligible to participate in the PPI Zero Dollar Copay Program*. PEEHIP will waive your

prescription drug copay for up to three months just by switching to the generic alternative drug. If you continue taking the generic drug after your copay waiver has ended, your regular copay for generics will only be \$6 for a 30 day supply. **This is an excellent way to reduce your costs!**

Brand Drug	Generic Alternative Drug
Aciphex, Dexilant, Nexium, Prevacid	Lansoprazole, omeprazole, pantoprazole

*Does not apply to PEEHIP's Medicare GenerationRx drug program or members enrolled in VIVA HMO coverage.