



Baby Yourself! Enroll and Receive \$200!

What is Baby Yourself?

PEEHIP and Blue Cross and Blue Shield of Alabama offer Baby Yourself, a prenatal wellness program that helps ensure that **expectant mothers** and their babies receive the best possible health care during pregnancy. This program is available at no cost to expectant mothers who are enrolled and insured in the PEEHIP Hospital Medical Plan, regardless of whether or not your pregnancy is normal or high-risk. **The goal of Baby Yourself is to have healthy moms and babies at delivery.** (Note: PEEHIP does not cover maternity benefits for dependent children of any age regardless of marital status.)

What Services Are Provided?

Sign up for Baby Yourself and receive:

- ◆ **Support and educational materials** from a Blue Cross registered nurse, experienced in prenatal care, labor and delivery, and newborn care
- ◆ **A personal nurse** who you can call with any questions or concerns throughout your pregnancy

- ◆ **Useful gifts** that educate, encourage and support healthy habits, highlight the importance of proper prenatal care, and help both parents understand the changes and challenges that accompany pregnancy

How Do I Receive \$200 for Enrolling in Baby Yourself? (New!)

Approved by the PEEHIP Board on December 6, 2011, for a January 1, 2012 effective date, if you enroll in Baby Yourself during your **first trimester** of pregnancy, PEEHIP will **waive your \$200 hospital deductible** for the delivery of your baby! *That's \$200 you save just for enrolling and participating in this beneficial program!*

The first trimester, for purposes of waiving the \$200 deductible, is through 16.6 weeks gestation. The member must complete participation in the Baby Yourself program to get the \$200 waiver. PEEHIP will "grandfather" members who are currently enrolled in the program prior to 1/1/2012 but not yet delivered. They will

receive the waiver of the \$200 deductible if they have met the enrollment criteria.

How Can I Learn More?

Watch the *Baby Yourself, A Prenatal Wellness Program* video at www.bcbsal.org/health/behealthyvideo.cfm to learn more about the Baby Yourself program. You will hear from mothers who have participated in the program and the nurses who assist and support participants throughout their pregnancies.

How Can I Enroll?

If you are pregnant and would like to participate in Baby Yourself, there are two enrollment options:

- ◆ Enroll online at www.behealthy.com, OR
- ◆ Call Blue Cross toll free at 800.222.4379 to enroll (Monday - Friday: 7 a.m. - 6 p.m.). ■

February 2012 Prescription Drug Changes on Page 2

Adding a Newborn to your PEEHIP Hospital Medical Coverage

Members enrolled in the single or family PEEHIP Hospital Medical Plan can add their newborn to their coverage but must timely do so within 45 days of the newborn's date of birth. If PEEHIP does not receive your online enrollment **within 45 days of the newborn's date of birth**, your PEEHIP medical policy cannot be changed to family coverage and the new dependent cannot be added until the Open Enrollment period. **Don't miss the 45-day deadline!**

After enrolling your newborn in coverage, you must provide a copy of the child's birth certificate to PEEHIP to activate the coverage. After enrolling, also provide PEEHIP with the newborn's Social Security number if it is not known at the time of enrollment.

To enroll online, go to www.rsa-al.gov and click the *Member Online Services* link to log in. Select the *Qualifying Life Event (QLE)* option and follow the on screen prompts until you receive your Confirmation Page confirming that you successfully enrolled your newborn in coverage. The effective date of coverage can be the date of birth or the first day of the following month. **NOTE:** If a newborn is not covered on the date of birth, claims for the newborn at the time of birth will not be paid. ■

February 2012 Prescription Drug Changes

The PEEHIP Board on December 6, 2011, approved changes to the PEEHIP Formulary Drug List, the Step Therapy Program, the Maintenance Drug List, and the Prior Authorization and Quantity Level Limit Programs for a **February 1, 2012, effective date**. These changes are explained below.

Formulary Drug List Changes

The table below reflects the changes to the Formulary whereby six drugs will have Preferred Drug status and ten drugs will have Non-preferred Drug status as of February 1, 2012. These changes may result in either an increase or a decrease in the amount you pay for your prescription drugs. **All members affected by these changes will be mailed a letter prior to February 1, 2012.**

PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. For a 30-day supply, you will pay the lowest copayment of \$6 for generic drugs, \$40 for the preferred brand drugs and the highest copayment of \$60 for the non-preferred drugs. You will pay two copayments for a 90-day supply for those maintenance drugs that have the 90-day benefit.

Indication	These drugs will be Preferred Drugs on 2/1/2012 (\$40 copay)	These drugs will be Non-Preferred Drugs on 2/1/2012 (\$60 copay)	Preferred Drug Alternatives (\$40 copay)	Generic Drug Alternatives (\$6 copay)
Asthma		ADVAIR HFA, ADVAIR DISKUS, SYMBICORT	DULERA	
Overactive Bladder		ENABLEX	VESICARE	oxybutynin
Break through Cancer Pain		ACTIQ	MS CONTIN, OXYCONTIN, DURAGESIC, KADIAN	
Multiple Sclerosis		BETASERON	AVONEX, COPAXONE, EXTAVIA, REBIF	
Prostate Cancer	FIRMAGON			
Smoking Cessation	NICOTROL			
Pain	NUCYNTA			
Nausea/vomiting prevention after chemotherapy	SANCUSO			
Rheumatoid Arthritis, Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis	SIMPONI	ENBREL	SIMPONI, UMIRA	
Testosterone Replacement	AXIRON	STRIANT, TESTIM, TESTOPEL	AXIRON, ANDRODERM, ANDROGEL	

Step Therapy Program Changes

The table on the next page reflects the changes to the Step Therapy Program whereby eight brand drugs will be added to step two of various Step Therapy Program drug classes effective February 1, 2012. Step Therapy will apply to new users of these drugs who have prescriptions written on or after February 1, 2012. Anyone who is currently on these 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 the second step drug will be paid by PEEHIP. 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 instead, an approved Prior Authorization (PA) is required before PEEHIP will pay for the second step drug. Without an approved PA, the claim will be rejected and the member will be required to pay the full price of the medication. The Prior Authorization Unit phone and fax numbers are 800.347.5841 and 877.606.0728, respectively.

continued on page 3

continued from page 2

Step Therapy Program Name	Indication	These drugs will be added to Step Two on 2/1/2012	First Step drug alternatives
Other Antidepressants	Depression	OLEPTRO	trazodone
Antihypertensive Combination	Hypertension	AMTURNIDE	Generic ACE, Generic ACE combo, Generic ARB, Generic ARB combo
Interferon	Multiple Sclerosis	AVONEX, BETASERON, EXTAVIA	COPAXONE and REBIF
Asthma	Asthma	ADVAIR, ADVAIR DISKUS, SYMBICORT	DULERA

Prior Authorization Program Changes

The table below reflects the changes to the Prior Authorization Program whereby nine brand drugs will require an approved Prior Authorization (PA) by February 1, 2012, to be covered by PEEHIP. The PA is necessary to prevent unapproved off-label use of these medications. The Prior Authorization Unit phone and fax numbers are 800.347.5841 and 877.606.0728, respectively. All members affected by these changes will be mailed a letter prior to February 1, 2012.

Indication	Drugs Subject to Prior Authorization on 2/1/2012
Renal Cell Carcinoma	VOTRIENT, NEXAVAR, SUTENT, AFINITOR
Break Through Cancer Pain	ONSOLIS, ABSTRAL, ACTIQ, FENTORA
Nausea/vomiting Prevention After Chemotherapy	SANCUSO

Quantity Level Limit Program Changes

The table below reflects the changes to the Quantity Level Limit (QLL) Program whereby quantity limits will be imposed on nine drugs and the quantity limit will be removed from two drugs effective February 1, 2012. The quantity limit of each drug shown below will be covered by PEEHIP. If your prescription calls for more than the limit specified below, an approved Prior Authorization (PA) is required before PEEHIP will cover the medication. If the PA is not approved, a member may purchase the additional quantity at their own expense. The purpose of the QLL is to prevent stockpiling and overuse and also helps PEEHIP control the cost by limiting the extra supply of these medications. All members affected by these changes will be mailed a letter prior to February 1, 2012.

Drug Name	Maximum Quantity Level Limit per 30 days effective 2/1/2012
EMSAM	30
OLEPTRO	150 mg = 45; 300 mg = 30
BUTRANS	4 patches per 28 days
ELIGARD	7.5 mg = 1 per 30 days; 22.5 mg = 1 per 90 days; 30 mg = 1 per 120 days; 45 mg = 1 per 180 days
FIRMAGON	80 mg = 1 vial per 30 days; 120 mg = 2 vials per 365 days
NILANDRON	2 tablets per day for 1st 30 days and then 1 tablet per day
NICOTROL	2,016 units per 365 days
NICOTROL NS	480 ml per 365 days
CHANTIX	60
ZOFTRAN, ZOFTRAN ODT	Delete quantity limit

continued on page 4

Flu Shots

Maintenance Drug List Changes

The table below reflects the changes to the Maintenance Drug List whereby two drugs will be added to the list effective February 1, 2012. The first fill of these medications is limited to a 30-day supply, and after the first fill, members can receive a 90-day supply for two copayments when the prescription is written as a 90-day prescription and no more than 130 days have lapsed between fills at the retail participating pharmacy.

Drug Name	Indication
DULERA	Asthma
JUVISYNC	Hyperlipidemia and Diabetes

KEY (drugs on pages 2-4): Preferred drugs are shown in bold upper case, Non-preferred drugs are shown in non-bold upper case, and Generic drugs are shown in lower case. ■

The flu is a viral infection of the lungs and airways and is spread from person to person through coughs and sneezes and direct contact. Serious complications can occur; older people and young children are at a higher risk for bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions.

PEEHIP covers the Influenza vaccinations (flu shots) for members and their covered dependents at the following locations:

- ◆ **PEEHIP Worksite Wellness locations** - there is no copayment
- ◆ **Doctors' offices** - there is no copayment only when the shot is given and the doctor's office does not file an office visit CPT code

PEEHIP does **NOT** cover flu shots given at a pharmacy.

Medicare Part B will pay for one flu shot every flu season for Medicare retirees who have Part B. There is no copayment if the doctor or health care provider accepts Medicare assignment for giving the shot. **NOTE:** All Medicare eligible retirees must have Medicare Part A and Part B to have adequate coverage with PEEHIP. ■

No Copayment for 3 Months for Certain Medications!

On December 6, 2011, the PEEHIP Board approved the continuation of the **Zero Dollar Copayment Program** which began July 1, 2011. An article published in the **June 2011 PEEHIP Advisor** announced the **participation rules** and the cost saving benefits to our members and to PEEHIP by switching from one of the brand name medications listed below to one of the generic medications listed below used to treat the same therapeutic condition of heartburn and other gastrointestinal conditions. Members on existing brand drug PPI therapy will receive a 3-month copayment waiver when they switch to any generic drug in the class.

If your doctor agrees you can switch to one of these generic drugs, he or she should write a prescription for the generic medication to be filled. At the pharmacy, the computer will automatically charge you zero (\$0) copayment for up to three months. The program is voluntary but incentivizes members with no copay for 3 months followed by the \$6 generic copay thereafter if you switch to and continue on the generic medication.

Proton Pump Inhibitor (PPI) Drugs for the Condition of Heartburn and Other Gastrointestinal Conditions

Brand Name Drugs (\$60 copay each month)		Generic Drug Substitutes (Zero copayment for 3 months)
ACIPHEX	PREVACID (non-OTC*)	lansoprazole
DEXILANT	PRILOSEC (non-OTC*)	omeprazole
NEXIUM	PROTONIX	omeprazole sodium bicarbonate
	ZEGERID	pantoprazole

*non-over-the-counter medication