



PEEHIP Premium, Benefit, and Policy Changes Issue Dependent Eligibility Verification Audit Update

PEEHIP's dependent verification audit contract with Secova will end on June 30, 2012. **Any dependents whose eligibility has not been verified complete by Secova as of June 30, 2012, will be cancelled from coverage retroactively to September 1, 2011.** There are less than 1,000 of these accounts that have been on claim hold since August 2011 due to an unverified dependent(s). Cancellation of the unverified dependent(s) will remove the claim hold from these accounts. These members will receive a letter from Secova in mid-June 2012 notifying them of the impending cancellation of their unverified dependent(s).

If you are currently in a "claim hold" status for the reason above and possess the documentation required to verify the eligibility of your still unverified dependent(s), **this is your final opportunity to submit that information to Secova.** All documentation must be received by Secova by June 30 - there will be NO exceptions. Fax your documents to 866.763.3472 or call Secova toll-free at 877.616.6345 if you have questions.

Members who wish to re-enroll a cancelled dependent can do so during the upcoming Open Enrollment period for an October 1, 2012, effective date, but the dependent will not be added to coverage until the required eligibility documents are provided to and approved by PEEHIP. ■

Changes in Health Care Flexible Spending Account (FSA) Program

Federal health care reform legislation passed in March 2010 requires the annual maximum payroll deduction contribution for **Health Care Flexible Spending Accounts to be capped at \$2,500** per employee. Therefore, PEEHIP must reduce its maximum annual contribution from \$5,000 to \$2,500 **effective October 1, 2012.** The cap will be annually adjusted for inflation. However, the maximum annual contribution of \$5,000 will not change for the Dependent Care Flexible Spending Accounts.

Also effective October 1, 2012, PEEHIP will offer the Flex Card as a reimbursement option with its Health Care FSA. There is no additional charge to members for this reimbursement option. The July 2012 *PEEHIP Advisor* will contain all the detail related to the new Flex Card. ■

Walgreens Specialty Pharmacy

On May 5, 2012, BioScrip Specialty Pharmacy was acquired by Walgreen Co. As a result, Walgreens Specialty Pharmacy became PEEHIP's preferred specialty provider effective May 5, 2012. PEEHIP members receiving specialty medications from BioScrip were mailed a Patient Welcome Letter in early April followed by a phone call from a Walgreens patient care coordinator to schedule delivery of your next specialty medication. Prescribing physicians were also mailed a Physician Welcome Letter.

Like the BioScrip pharmacy team, the Walgreens care team of pharmacists and patient care coordinators will provide you personalized support that meets your needs and complements your prescribed therapy.

There were no changes to the benefits or copayments or to the insurance cards with this transition from BioScrip to Walgreens Specialty Pharmacy. To make the transition seamless, the same BioScrip customer service phone number (877.694.5320) and physician fax number (877.212.8388) that were exclusive to PEEHIP members were transferred to Walgreens Specialty Pharmacy on May 5, 2012.

To order refills of your specialty medication, Walgreens Specialty Pharmacy will contact you up to ten days prior to your next fill date to schedule delivery. You can also contact Walgreens at the toll free number above. Additionally, Walgreens Specialty Pharmacy offers a new online method to order a refill through their secure website at www.walgreenshealth.com/PEEHIP. ■

Zero Dollar Copayment Programs

The PEEHIP Board approved two new Zero Dollar Copayment Programs effective October 1, 2012, and approved the continuation of the existing PPI Zero Dollar Copay Program.

During the Zero Dollar Copay programs, you pay \$0 copay for up to three months if you switch from the brand to one of the listed generic alternatives. PEEHIP will publish the full list of medications included in these new programs in a later publication. For information about the current PPI program, please refer to the articles in the January 2012 and June 2011 *PEEHIP Advisors*.

Insurance Premium Rate Information

PEEHIP received level funding of \$714 by the Legislature for the upcoming 2013 fiscal year. Due to plan stability achieved through reasonable controls and cost containment measures, the PEEHIP Board was able to vote no new premium increases, except as mandated by Federal COBRA law and state law relating to Surviving Spouses paying the cost of their coverage. Also, members who retired on or after October 1, 2005, may experience rate adjustments because their premiums are subject to the sliding scale. Lastly, the premium rates will increase incrementally by 1/3 of the family premium for the grandfathered group of members combining allocations due to the 3-year phase out of the combining of allocations program that began two fiscal years ago and ends October 1, 2012. This group will begin paying the full family rates October 1, 2012.

Rates are shown in the chart below and are effective October 1, 2012.

PEEHIP Hospital Medical or VIVA/HMO Health Plan	Active Employees	COBRA & Leave of Absence	Active Members & Active & Retired Members Combining Allocations
Single	\$15	\$394	~
Family	\$177	\$981	\$177
Supplemental Medical Plan	\$0	\$148	\$0

PEEHIP Hospital Medical or VIVA/HMO Health Plan	Retired Employees*	Surviving Spouse/Dependent	Retired Members Combining Allocations*
Single/Non-Medicare-eligible	\$151	\$671	~
Family/Non-Medicare-eligible & Non-Medicare-eligible Dependents	\$391	\$860	\$391
Family/Non-Medicare-eligible & Only Dependent Medicare-eligible	\$250	\$829	\$250
Single/Medicare-eligible	\$10	\$317	~
Family/Medicare-eligible & Non-Medicare-eligible Dependent	\$250	\$506	\$250
Family/Medicare-eligible & Only Dependent Medicare-eligible	\$109	\$475	\$109
Tobacco Surcharge**	\$28	\$28	\$28

* These rates are applicable to retired members not subject to the sliding scale rates (based on 25 years of service). 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 Changes to the VIVA Health Plan

Copayment Changes	New Copayments Effective 10-1-2012
Primary Care Physician copayment	\$20
Outpatient Services copayment (including surgery and diagnostic)	\$125
Emergency Room copayment	\$150
Skilled Nursing Facilities, Occupational & Physical Therapy coinsurance	20%
Prescription Drug copayments	\$5 preferred generic drugs \$20 non-preferred generic drugs \$40 preferred brand drugs \$65 non-preferred brand drugs
Women's Preventive Services	Covered at 100% with no copayment

PEEHIP Board Approves Changes in Prescription Drug Program

PEEHIP Drug Formulary

The PEEHIP Board approved changes to the PEEHIP Drug Formulary as shown in the chart below effective October 1, 2012. 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, 2012. 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.

Drug Name	Indication	Description of Change Effective 10/1/2012	New Copay	Tier 2 Alternative Drugs
Androderm	Testosterone Replacement	Move from Tier 2 to Tier 3	\$60	Axiron, Androgel
Cimzia	Rheumatoid Arthritis and Crohn's Disease	Move from Tier 3 to Tier 2	\$40	Humira
Cinryze	Prevention of hereditary angioedema attacks	Move from Tier 2 to Tier 3	\$60	danazol
Orencia SC	Rheumatoid Arthritis	Move from Tier 2 to Tier 3	\$60	methotrexate, leflunomide, sulfasalazine, Humira, Cimzia
Prenatal Brand Vitamins (all)	Vitamin replacement during pregnancy	Move from Tier 2 to Tier 3	\$60	79 generic drugs available
Simponi	Rheumatoid Arthritis and Crohn's Disease	Move from Tier 2 to Tier 3	\$60	Humira, Cimzia
Tradjenta	Diabetes	Move from Tier 3 to Tier 2	\$40	Januvia
Temodar	Anaplastic astrocytoma, glioblastoma	Move from Tier 3 to Tier 2	\$40	---
Testopel	Testosterone Replacement (implanted pellets require administration by a health care provider)	Not covered under the prescription drug benefit, but is covered under the medical benefit.	See medical benefit	Axiron, Androgel

Quantity Level Limit (QLL) Program

Effective October 1, 2012, the PEEHIP Board approved the inclusion of the medications shown in the chart below in the QLL 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 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. All members affected by these changes will be mailed a letter prior to October 1, 2012.

Brand Name	Maximum QLL per 30 Days	Brand Name	Maximum QLL per 30 Days
Aldara	24 packets	Gralise	78 for starter pack, otherwise 90 per 30 days
Androgel	2.5g and 1.62% pump = 150g; 5g and 1% pump-300g	Horizant	30
Arcapta	30	Jakafi	60
Berinert	4 vials per 365 days	Onfi	60
Bydureon	4	Orencia SC	4 per 28 days
Conzip	30	Sutent	30
Delatestryl	5ml = 1; 1ml = 2	Testim	60
Firazyr	3 syringes (9ml) per 12 months	Xalkori	60
Fortesta	120g	Zelboraf	240
Gleevec	60		

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Step Therapy Program

The PEEHIP Board approved deleting one, adding three new, and revising four existing Step Therapy Programs as shown in the chart below. **Current members utilizing these drugs will be grandfathered from these step therapy requirements.**

Additionally, all current Diabetes step therapy will be revised effective July 1, 2012; all first step drugs remain the same, but for some Diabetes drugs the look back period has been extended beyond the typical 130 days. In addition, the Victoza/Byetta step will no longer require concurrent use of another oral anti-diabetic drug but instead will just require previous use.

Program Name	Indication	Drug Name	Changes & Coverage Criteria Effective 10-1-2012
Analgesic/Pain	Pain Control	Conzip	REVISED: Conzip is extended release tramadol but in capsule form instead of tablet, and requires use of 1st step drug tramadol extended release prior to coverage
Antiplatelet Agents	Reduce CV events in patients with acute coronary syndrome	Brillinta	NEW: Requires use of first step drug clopidogrel prior to coverage
Diabetes/DPP-4	Diabetes	Jentadueto	REVISED: New drug Jentadueto requires use of a 1st step drug metformin or metformin combination prior to coverage
High Blood Pressure	Hypertension	Edarbyclor	REVISED: New drug Edarbyclor requires use of a 1st step generic ACE, ACE combo, ARB, or ARB combo prior to coverage
Nasonex	Allergic rhinitis, Nasal polyps	Nasonex	DELETE: Delete Nasonex from step two and add to step one
Post Herpetic Neuralgia	Postherpetic neuralgia	Gralise	NEW: Gralise requires use of 1st step generic gabapentin IR prior to coverage
Restless Legs Syndrome	Restless Legs Syndrome	Horizant	REVISED: Horizant requires use of 1st step generic drug ropinirole IR or pramipexole
Tetracycline	Various infections, including acne	Adoxa, Doryz, Monodox, Oracea	NEW: Adoxa, Doryz, Monodox, Oracea require use of the 1st step generic drug doxycycline prior to coverage

Prior Authorization Program

The PEEHIP Board approved deleting Victoza from and adding the medications shown below to the Prior Authorization Drug List effective October 1, 2012. An FDA approved indication is required 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. **All members currently utilizing these drugs will be mailed a letter prior to October 1, 2012.**

- ◆ Berinert, Bydureon, Cinryze, Hycamtin, Jakafi, Onfi, Revlimid, Sprycel, Targretin, Tasigna, Temodar, Testosterone Products (Testim, Fortesta, Androderm, Striant, Delatestryl, Depo-Testosterone), Thalomid, Tykerb, Xeloda and Zolanza.

Drugs with Age Limits

Effective October 1, 2012, the PEEHIP Board approved the FDA recommended age limit guidelines for the two medications shown below. Members affected by these changes will be mailed a letter prior to October 1, 2012.

- ◆ Oracea is only approved for patients 18 years of age and older.
- ◆ Solodyn is only approved for patients 12 years of age and older. ■

Benefit Changes Effective 10-1-2012

Sleep studies will be covered in an approved Blue Cross sleep disorder facility with the following copays:

- ◆ Freestanding clinic: \$10 facility copay
- ◆ Hospital outpatient facility: \$150 facility copay for adults and \$10 copay for children 18 and under

Out-of-Network Chiropractic Visits are limited to 12 annual visits per member.

Worksite Wellness & Weight Watchers

The Board voted to continue the Worksite Wellness and Weight Watchers program. Members and covered dependents can participate in free health screenings provided by the Public Health Department nurses. Members and covered dependents who have a body mass index of 25 or more can participate in a 15-week Weight Watchers program for only \$85. You must attend at least 12 out of the 15 sessions to get reimbursement. Additional information can be obtained on the Public Health Department website at www.adph.org/worksitewellness or by calling 800.252.1818 and asking for the Wellness Division. The wellness screenings are intended to assist employees and their families identify health risks and receive early and necessary treatment and ultimately lower health care costs. ■