



Prescription Drug Changes Effective April 1, 2014

The PEEHIP Board of Control on December 2, 2013, approved changes to the PEEHIP Formulary, Step Therapy, Prior Authorization, and Quantity Level Limit programs. (Changes do not apply to PEEHIP's Medicare GenerationRx drug program or the VIVA Health Plan).

Step Therapy Changes

The PEEHIP Step Therapy Program will have one program deleted, two new programs added, and a revision of five existing programs. Current members utilizing these drugs will be grandfathered from these step therapy requirements.

Step Therapy Program Name	Indication	Drug Name	Changes & Coverage Criteria
Anaphylaxis	Anaphylaxis	Auvi-Q, Adrenaclick	Requires prior use of a 1st step drug Epipen within the last 130 days
Anti-Infectives (NEW)	HIV	Fuzeon	Requires prior use of 1st step drug Anti-retrovirals within the last 130 days
		Invirase	Requires prior use of a 1st step drug (Atripla, Isentress, Prezista, Reyataz, Sustiva) within the last 130 days
Alzheimer (DELETE STEP)	Alzheimer Disease	Exelon patch	Prior use of donepezil, galantamine, or rivastigmine no longer required
CNS Agents - ADHD Agents	ADHD	Daytrana	Requires use of a 1st step drug (methylphenidate CD, ER or LA formulation or methylphenidate suspension/solution within the last 130 days
Gastrointestinal Agents	Ulcerative Colitis	Delzicol, Dipentum, Giazol	Requires prior use of a 1st step drug (balsalazide, Apriso) within the last 130 days
High Cholesterol	High Cholesterol	Niaspan	Requires prior use of a 1st step drug (atorvastatin, lovastatin, pravastatin, simvastatin, gemfibrozil, fenofibrate) within the last 365 days
Migraine (NEW)	Migraine	Axert, Relpax, Frova, Zomig, Zomig Nasal	Requires prior use of a 1st step drug (sumatriptan, rizatriptan) within the last 180 days
		Sumavel Dose Pro	Requires prior use of a 1st step drug (sumatriptan oral, nasal sumatriptan) within the last 180 days
Topical Corticosteroids	Plaque Psoriasis	Topicort Spray	Requires prior use of 1st step drug (mometasone, fluocinonide, desoximetasone, betamethasone dipropionate) within the last 130 days

Additionally, certain existing Step Therapy programs will be modified on the following medications: Abilify, Asacol HD, Desvenlafaxine ER, Lialda, Luvox CR, Pentasa, Pristiq, Seroquel XR, Victoza, Viibryd.

Details can be found within the Step Therapy drug list located on the PEEHIP website. ■

Formulary Changes

PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. You will pay a lower copayment of \$40 for tier 2 preferred brand drugs and \$6 for the generic drugs for a 30-day supply. Tier 3 non-preferred brand drugs have the highest copayment of \$60 for a 30-day supply. The PEEHIP formulary is available on the PEEHIP web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html.

Preferred Medication - \$40 copay

These drugs will move from tier 3 to tier 2 resulting in a decrease in the copayment.

Butrans	Combigan	Complera	Cystaran	Dexilant	Edurant	Eliquis
Epzicom	Fuzeon	Invokana	Quillivant XR	Ranexa	Strattera	Stribild
Truvada	Zenzedi					

Non-Preferred Medication - \$60 copay

These drugs will move from tier 2 to tier 3 resulting in an increase in the copayment. All members affected by these changes will be mailed a letter prior to April 1, 2014.

Non-Preferred Medication \$60 copay	Preferred Alternatives Generic copay \$6 (all lower case drugs); Brand \$40	Non-Preferred Medication \$60 copay	Preferred Alternatives Generic copay \$6 (all lower case drugs); Brand \$40
Abraxane	doxorubicin, epirubicin, paclitaxel	Migranal nasal spray	Zomig nasal spray
Actemra, Kineret	Humira	Mozobil	
Acthar	corticosteroids	Myobloc	
Alsuma	sumatriptan	Orencia IV	Humira, Cimzia
Arzerra	Fludara, Campath	Oncaspar	
Asacol HD		Onfi	topiramate, lamotrigine
Avastin		Remodulin, Ventavis	sildenafil
Avonex, Extavia, Tysabri	Rebif, Copaxone	Samsca	
Delzicol	balsalazide, Apriso	Soliris	
Elspar		Synagis	
Erbix		Tysabri	
Extavia		Vectibix	
Faslodex	tamoxifen, anastrozole, exemestane, letrozole	Velcade	rituximab, vincristine, doxorubicin, dexamethasone, methotrexate, cytarabine
Herceptin		Victoza	metformin, Bydureon
Ilaris		Xolair	Serevent, Foradil, Advair
Istodax	Zolinza, Interferons, denileukin, diftitox, methotrexate, doxorubicin, gemcitabine	Zoladex	
Ixempra	doxorubicin, epirubicin, paclitaxel, docetaxel, Xeloda		

Prior Authorization (PA) Changes

The medications below will be added to the Prior Authorization Program. One medication will be deleted from the PA program. A letter will be mailed prior to April 1, 2014, to all members currently utilizing these drugs and to the prescribing physicians. The PA requires an FDA approved indication for coverage to prevent unapproved off-label use of these medications. Your doctor's office may call MedImpact's PA toll-free phone number 800.347.5841 and fax number 877.606.0728 to request a PA review.

Indication	Drugs Requiring Prior Authorization
Acute Lymphoblastic Leukemia	Elspar, Oncaspar
Advanced Prostatic Cancer	Eligard
Advanced renal cell carcinoma	Torisel
Asthma	Xolair
Atypical hemolytic uremic syndrome	Soliris
Bone metastases from solid tumors, giant cell tumor of the bone	Xgeva
Breast Cancer	Abraxane, Aromasin, Fareston, Faslodex, Halaven, Herceptin, Ixempra, Zoladex
Cervical dystonia	Myobloc, Xeomin
Chronic lymphocytic leukemia	Arzerra
Colorectal cancer, squamous cell carcinoma of the head and neck	Erbitux
Colorectal carcinoma	Vectibix
Corneal Cystine Crystal	Cystaran
Crohns disease, MS	Tysabri
Cutaneous and Peripheral T-cell lymphoma	Istodax
Glioblastoma and various other cancers	Avastin
HIV	Aptivus, Complera, Edurant, Intelence, Lexiva, Selzentry, Trizivir (For new starts only)
Idiopathic and rheumatoid arthritis	Actemra
Leukemia, polyangitis, non hodgkin lymphoma, rheumatoid arthritis	Rituxan
Melanoma	Yervoy
Mantle cell lymphoma, multiple myeloma	Velcade
MS, nonlymphocytic leukemia, prostate cancer	mitoxantrone (generic)
Multiple myeloma	Kyprolis
Neuropathic pain	Qutenza
Opioid induced constipation	Relistor
Peripheral stem cell collection and transplantation	Mozobil
Pneumonia, skin and skin structure infections	Zyvox
Pulmonary arterial hypertension	Flolan, Remodulin, Veletri
Pseudobulbar effect	Neudexta
Subarachnoid hemorrhage	Nymalize
	Drug No Longer Requiring Prior Authorization
Indication	
Nonvalvular atrial fibrillation	Eliquis



Quantity Level Limit (QLL) Changes

A quantity limit will be placed on the medications shown in the chart below. All members affected by these QLL changes will be mailed a letter prior to April 1, 2014. 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 can purchase the additional quantity at their own expense. The limits are recommended by the U.S. Food & Drug Administration and medical studies based on manufacturers' guidelines. The purpose of the QLL is to prevent stockpiling or misuse and also help PEEHIP control costs by limiting the "extra" supply of these medications.

Indication	Quantity Limit
ADHD	Daytrana (30 patches); Kapvay (0.1mg=120 tabs; dose pack=60 tabs); Strattera (10, 18, 25 & 40mg=60 caps; 60, 80 & 100mg=30 caps)
Alzheimer disease	Exelon patch (30 patches); Namenda XR (30 caps; Tritration pack=28 caps/28 days); Namenda (60 tabs; Soln=300ml; Tritration pack=49 tabs/28 days)
Cholesterol Lowering Agent	Lovaza (120 caps /30 days)
Chronic angina	Ranexa (500mg=120 tabs; 1,000mg=60 tabs)
Depression	Symbyax (30 caps)
Diabetes	Invokana (30 tabs)
HIV	Atripla (30 tabs); Combivir (60 tabs); Emtriva (Soln=720ml; 200mg=30 caps); Eпивir tab, Eпивir Soln (Soln=900ml; 150mg=60 tabs; 300mg=30 tabs); Epzicom (30 tabs); Fuzeon (60 vials); Kaletra (Soln=390ml; 100/25mg=300 tabs; 200/50mg=120 tabs); Invirase (200mg=300 tabs; 500mg=120 tabs); Norvir (Soln=450ml; 100mg=360 tabs/caps); Prezista (Sus=240ml; 75mg=480 tabs; 150mg=240 tabs; 400, 600mg=60 tabs; 800mg=30 tabs); Retrovir (Syrup=1800ml; 100mg=180 caps; 300mg=60 tabs); Stribild (30 tabs); Truvada (30 tabs); Videx (Soln=1200ml; 125 & 200mg=60 caps); Viramune (Soln=1200ml; 200mg=60 tabs); Zerit (soln=2400ml; 15,20,30,40mg=60 caps); Ziagen (Soln=900ml; 300mg=60 tabs)
HIV and Hepatitis	Viread (Powder=225g; 150,200,250, 300mg=30tabs)
Hyponatremia	Samsca (30tabs/365days)
Migraine	Cafegot (40tabs/28days); Cambia (9packets); D.H.E 45 injectable (30amps/28days); Ergomar (40tabs/28days); Migergot (20units/28days); Sumavel (4units/28days)
Nonvalvular atrial fibrillation	Eliquis (60tabs)
Testosterone replacement, hypogonadism, delayed puberty, mammary cancer	Androxy (generic) (120 tabs)

The QLL will be deleted from these medications:

Advanced prostatic cancer - Eligard (QL of 1 kit per 90 days deleted)

Anaphylaxis - Auvi-Q (QL of 4 pens deleted)

Additionally, existing quantity limits on the following medications will have a revised QLL:

Alsuno Auto Injection, Amerge, Axert, Frova, Imitrex Injection, Imitrex tablet, Luvox CR, Maxalt, Maxalt MLT, Migranal Nasal, Relpax, Zomig, Zomig Nasal.

Details can be found within the Quantity Limit drug list located on the PEEHIP website. ■

Drug Age Limit Changes

The drug Plan B One Step age limit changed from 17 to 15 years of age and older. ■