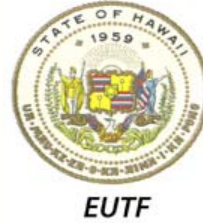


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an SXC company

Overview of  
Plan Changes



# EUTF-informedRx PPO Prescription Drug Plan

Active Employee  
Non-Medicare Eligible Retiree

*July 2009*

**informedRx**<sup>®</sup>  
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- Formerly known as National Medical Health Card or NMHC
- Overview of 2009 plan changes
- Information Resources

## Upcoming Changes



- Generic Drug Incentive Program
- Removal of Formulary Grandfathering
- Utilization Management Guidelines
- Pharmacy Supply Limit and Maintenance Mail Order Program
- Ascend SpecialtyRx and Specialty Drug Tier
- Reference-Based Pricing Program

## Generic Drug Incentive Program



- Generic Drugs
  - FDA-approved prescription drugs that have the same active ingredients as brand name drugs
- Receive Generic drugs vs. Brand drug, when available
- Standard generic co-payment
- Prior Authorization can be requested if Brand drug is required
- Pay generic co-payment plus the difference in the cost of the Generic vs. Brand drug

## Removal of Formulary Grandfathering



- Prescription Drug benefit moved from HMSA to informedRx (formerly NMHC) in 2007
  - Allowed HMSA Non-Preferred drugs to be allowed or “grandfathered” in at the informedRx Preferred drug tier
- Grandfathering will expire
- Non-Preferred drugs will require the applicable co-payment for the current plan design

## Removal of Formulary Grandfathering (cont.)



- Speak with your physician to see if a Preferred drug is appropriate for you
- You will pay the Non-Preferred co-payment for the Non-Preferred drug

## Utilization Management Guidelines



- Specifications to ensure appropriateness, medical need and efficacy
  - Quantity Limitations - review correct quantity
  - Step Therapy - requires the use of lower-cost alternative prior to gaining access to more costly brand name drug
  - Contingent Therapy Protocols - ensures that drugs are used as approved by FDA

## Utilization Management Guidelines (cont.)



- Certain drugs will now go through this process
- Pharmacy will let you know if action is required
- Automatic Prior Authorizations on certain drugs
- Prior Authorization can be requested

## Pharmacy Supply Limit & Mandatory Mail Order Program



- Up to a 90-day supply was available at the pharmacy
- 30-day supply limit at the pharmacy for all drugs
- Maintenance medications through informedMail
  - Option 1: Single 30-day supply increments
    - Allowed three separate 30-day supply before benefit is discontinued
  - Option 2: 90-day supply increments
    - Allowed one 90-day supply before benefit is discontinued

## Pharmacy Supply Limit & Mandatory Mail Order Program (cont.)



- Avoid potential delay in your drug therapy
- Courtesy notification to enroll in informedMail after first 30-day or 90-day fill
- Pay full cost at the retail

## Ascend SpecialtyRx & Specialty Drug Tier



- Specialty medications are high-cost oral medications used to treat cancer or prevent organ rejections after transplant, or self-administered injectibles used to treat diseases like Hepatitis-C, Multiple Sclerosis, etc.
- Coverage for these types of medications will be through drug plan vs. medical plan
- Specialty drugs from Ascend SpecialtyRx
- If you are currently taking a specialty medication, then you will be transitioned to Ascend SpecialtyRx

## Ascend SpecialtyRx & Specialty Drug Tier (cont.)



- Specialty Drug is in Tier 4
  - 20% co-insurance
  - \$250 co-payment maximum per fill
  - \$2000 out-of-pocket maximum per plan year



## Co-Payments

Drugs purchased at a Retail Pharmacy 30-day supply	Participating Pharmacies	Non-Participating Pharmacies
Generic	\$5	\$5 Plus 20%
Preferred Drugs	\$15	\$15 Plus 20%
Non-Preferred Drugs	\$30	\$30 Plus 20%
Specialty Drugs	20%	Not Covered
<b>Mail Order Drugs</b>		
	<b>informedMail</b>	
Generic	\$10	Not Covered
Preferred Drugs	\$35	Not Covered
Non-Preferred Drugs	\$60	Not Covered
Specialty Drugs	20%	Not Covered

*Note: 1) This table does not apply to those drugs that are subject to the Reference-Based Pricing Program. 2) For non-participating pharmacies, in addition to the co-payment noted in the table, you will also be responsible for any charges exceeding the EUTF's Eligible Charge.*

## Reference-Based Pricing Program



- Co-payment was fixed, stable from market fluctuation
- Cost-effective FDA-approved drugs to be included in Preferred drug tier in three (3) categories or classes
  - Cholesterol lowering drugs (Statins)
  - Anti-heartburn/ulcer medications (Proton Pump Inhibitors or PPIs)
  - Allergy medications (Low or Non-Sedating Antihistamines)

## Reference-Based Pricing Program (cont.)



- Preferred drug has generic co-pay
- Non-Preferred co-pay is varied
  - Pay difference in price between the Preferred drug and the Non-Preferred drug

## Summary



- Changes are effective July 1, 2009
- Pre-July 1
  - Become familiar with the upcoming changes
  - Talk to your physician to see if a Generic or Preferred drug is appropriate for you
  - Submit for Prior Authorization, if needed
  - Enroll in informedMail for maintenance medications

## Summary (cont.)



- Post-July 1
  - Enroll in informedMail for maintenance medications
  - Talk to your physician to see if a Generic or Preferred drug is appropriate for you
  - Submit for Prior Authorization, if needed
  - Contact Customer Care Center



- Oahu
  - 201 Merchant Street, Suite 1510, Honolulu
  - Monday - Friday 8:30 a.m. - 4:30 p.m.
- Customer Care Center
  - 1-866-533-6977
  - Toll-Free / 24 hours a day / 7 days a week
- Online
  - <http://www.eutf.hawaii.gov>
    - informedRx (formerly NMHC) on the "Link to Carriers Web Sites"
  - <http://www.myinformedrx.com>