

2010 SmartHealth Prescription Drug Program

The following information applies to the **2010 SJH - SmartHealth** Prescription Drug Program. This benefit is designed for SJH-SmartHealth members who have their prescription drug coverage under the Plan.

SmartHealth medical insurance identification cards will provide information on to obtain prescription drug coverage for medications.

Medication Category	Michigan Health Ministry Pharmacies (In House)	Non-SJH Pharmacy Copayment (MedImpact Network)
Generic	\$7.00	10% co-insurance; \$25 Minimum; \$150 Maximum
Preferred Brand	\$15.00	15% co-insurance; \$25 Minimum; \$150 Maximum
Non-Preferred Brand*	\$30.00	20% co-insurance; \$25 Minimum; \$150 Maximum
Infertility Medications	50%	50%
90-Day Retail Prescriptions		
Generic	\$14.00	Available only through Michigan Health Ministry Pharmacies
Preferred Brand	\$30.00	
Non-Preferred Brand*	\$60.00	
90-Day Mail Order Prescriptions		
Generic	\$14.00	Available through the St. John Southfield Pharmacy 22250 Providence Drive, Southfield, Michigan 48075 Phone: (248) 849-4939 Fax: (877) 443-3947
Preferred Brand	\$30.00	
Non-Preferred Brand*	\$60.00	

*If a generic medication is available, the member will also pay the difference in cost between the brand and generic medication. Medications that are exceptions to this policy include: Coumadin®, Gengraf®, Levothroid®, Levoxyl®, Mysoline®, Neoral®, Premarin®, Sandimmune®, Synthroid®, Tegretol®

Preferred Brand Drugs

Medication Category	Medications
Asthma and Respiratory	Advair Discus® (except 500mcg/50mcg), Advair HFA®, Atrovent®, Atrovent HFA®, Combivent®, Flovent Discus®, Flovent HFA®, QVAR®, Serevent 50 mcg®, Singulair®, Spiriva®, Symbicort®, Ventolin HFA®
Behavioral Health	Concerta®, Effexor XR®, Seroquel®, Seroquel XR®
Blood Thinning Medication	Coumadin®
Cardiovascular	Benicar®, Benicar HCT®, Diovan®, Diovan HCT®, Niaspan, Plavix®
Central Nervous System	Depakote ER®, Depakote Sprinkle®, Dilantin®, Mysoline®, Tegretol®, Tegretol XR®
Diabetes	Levemir®, Novolin 70/30®, Novolin 70/30 Innolet®, Novolin L®, Novolin N®, Novolin N Innolet®, Novolin R®, Novolog®, Novolog Mix 70/30®, Relion Novolin 70/30®, Relion Novolin 70/30 Innolet®, Relion Novolin N®, Relion Novolin N Innolet®, Relion Novolin R®
Eye – Glaucoma	Alphagan P®, Azopt®
Hormone Replacement	Levothroid®, Levoxyl®, Premarin®, Synthroid®, Unithroid®
Immune System Modifying Drugs	Gengraf®, Neoral®, Sandimmune®
Infectious Disease – Bacterial	Avelox®
Infectious Disease - Viral	Aptivus®, Atripla®, Baraclude®, Combivir®, Crixivan®, Emtriva®, Eпивir®, Eпивir HBV®, Epzicom®, Fortovase®, Fuzeon®, Hepsara®, Hivid®, Intelence®, Invirase®, Isentress®, Kaletra®, Lexiva®, Norvir®, Prezista®, Prescriptor®, Retrovir®, Reyataz®, Selzentry®, Sustiva®, Trizivir®, Truvada®, Tyzeka®, Videx®, Videx EC®, Viracept®, Viramune®, Zerit®, Ziagen® Zovirax® (cream and ointment)
Gastrointestinal Disorders	Asacol®, Prevpac®

Step Therapy Medications*

Medication Category	Medications	Step Therapy Criteria
Antiinflammatory Agent	Celebrex®	Trial and failure of 2 separate NSAIDs within the past 120 days
Asthma and Respiratory Diseases	Xopenex®	Trial and failure of another beta-adrenergic agonist within the past 120 days
Behavioral Health	Lexapro®, Paxil CR, Pexeva®, Prozac Weekly®	Trial and failure of a generic serotonin reuptake inhibitor within the past 180 days
	Abilify®	Trial and failure of risperidone, Seroquel or Zyprexa in the last 90 days
Cardiovascular Disease	Atacand®, Avapro®, Benicar®, Cozzar®, Crestor®, Diovan®, Micardis®, Teveten® Exforge®	Trial and failure of generic ACE-inhibitor within the past 120 days
	Tekturna®	Trial and failure of generic ACE-inhibitor within the past 120 days
	Advicor®, Lescol®, Lipitor®, Vytorin®, Zetia®	Trial and failure of generic statin within the past 120 days
Diabetes	Actos®, Actos Plus Met®, Avandamet®, Avandaryl®, Avandia®, Duetact®, Janumet®, Januvia®	Trial and failure of metformin or a sulfonylurea within the past 120 days
Gastrointestinal Disease (Proton Pump Inhibitors)**	Aciphex®, Kapidex®, Nexium®, Prevacid®, Prilosec®, Zegerid®	If prior authorization criteria is met, then member must also try omeprazole for a period of three months before coverage of other product will be considered
Insomnia	Ambien CR®, Lunesta®, Roserem®, Sonata®	Trial and failure of generic zolpidem within the past 180 days
Migraine Headaches***	Amerge®, Axert®, Frova®, Maxalt®, Maxalt-MLT®, Zomig®, Zomig-ZMT®	Trial and failure of sumatriptan within the past 180 days

*First Line Medications must be used prior to these medications

**Proton-pump inhibitors are subject to step therapy requirements and prior authorization criteria.

***In 2010, members previously receiving migraine headache medications subject to step therapy will be “grandfathered” and not required to meet the step therapy criteria to continue receiving them.

Medications Subject to Prior Authorization

Medication Category	Medications	Authorization Frequency
Diabetes	Byetta®	Annual
Gastrointestinal Disease (Proton Pump Inhibitors)**	Aciphex®, Kapidex®, Nexium®, Prevacid®, Prilosec®, Zegerid®	Annual
Hematology/Oncology	Iressa®, Gleevec®, Tarceva®, Thalomid®	Annual
Immunologic	Enbrel®, Humira®	Initial: 3 months Renewal: 12 months
Men’s Health	Cialis®, Levitra®, Viagra®	9 months
Multiple Sclerosis	Avonex®, Betaseron®, Copaxone®, Rebif®	Annual
Pulmonary Hypertension	Tracleer®	Annual
Sleep Disorders	Provigil®, Nuvigil®	Annual
Women’s Health	Oral Contraceptives	Annual

**Proton-pump inhibitors are subject to step therapy requirements and prior authorization criteria.

Criteria Associated with Medications Subject to Prior Authorization

Brand Name	Generic Name	Approved Indications
Byetta®	Exenatide	Type 2 diabetic patients who have failed to reach treatment goals with either metformin, a sulfonylurea or a thiazolidenedione
Gleevec®	Imatinib	Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), Ph+ acute lymphoblastic leukemia (ALL), gastrointestinal stromal tumors (GIST), dermatofibrosarcoma protuberans tumors, Hypereosinophilic syndrome, aggressive systemic mastocytosis and myeloproliferative disorders
Tarceva®	Erlotinib	Metastatic Non-Small Cell Lung Cancer (NSCLC) that has progressed despite treatment of another antineoplastic agent (i.e. cisplatin, carboplatin, paclitaxel or gemcitabine); pancreatic cancer. Must be used in combination with gemcitabine.
Thalomid®	Thalidomide	Erythema nodosum leprosum (ENL), multiple myeloma, Behret's syndrome, HIV-wasting syndrome, Aphthous stomatitis, HIV with esophageal aphthous ulcers.
Enbrel®	Etanercept	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or juvenile arthritis if prescribed by a rheumatologist. Must have tried and failed one or more of the following medications: methotrexate, leflunomide, azathioprine, cyclosporine, hydroxychloroquine, minocycline, penicillamine, sulfasalazine, gold sodium thiomalate, aurothioglucose or auranofin. Also approved for plaque psoriasis if prescribed by a dermatologist; must have failed or demonstrated a contraindication to 2 or more forms of the following therapies: PUVA, UVB, acitretin, methotrexate or cyclosporine.
Humira®	Adalimumab	Rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis if prescribed by a rheumatologist or dermatologist. Must have tried and failed one or more of the following medications: methotrexate, leflunomide, azathioprine, cyclosporine, hydroxychloroquine, minocycline, penicillamine, sulfasalazine, gold sodium thiomalate, aurothioglucose or auranofin. Also approved for crohn's disease if initiated and/or recommended by a gastroenterologist; must have tried one or more of the following medications: corticosteroids, azathioprine, mercaptopurine, methotrexate, mesalamine or infliximab.
Cialis®, Levitra®, Viagra®	Sildenafil, Tadalafil, Vardenafil	Erectile dysfunction from organic causes of spinal cord injury, diabetes or history of prostate surgery; radical prostatectomy post-surgical management
Avonex®, Rebif®, Betaseron®	Interferon beta-1A, interferon beta-1B	Relapsing-remitting multiple sclerosis, secondary progressive multiple sclerosis with a history of superimposed relapses
Copaxone®	Glatiramer acetate	Relapsing-remitting multiple sclerosis
Tracleer®	Bosentan	Pulmonary arterial hypertension (WHO group 1) with WHO class III or IV symptoms; must be enrolled into the Tracleer Access Program
Oral Contraceptives	Various	Recalcitrant acne, amenorrhea, dysfunctional uterine bleeding, dysmenorrhea, endometriosis, hirsutism secondary to ovarian dysfunction, irregular menses such as hypermenorrhea or menorrhagia, ovarian cyst, pelvic inflammatory disease, polycystic ovary syndrome, perimenopausal symptoms, premenstrual dysphoric disorder, migraine prophylaxis
Iressa®	Geftinib	Locally advanced or metastatic non-small cell lung cancer
Aciphex®, Kapidex®, Nexium®, Prevacid®, Prilosec®, Zegerid®	Rabeprazole, Dexlansoprazole, Esomeprazole, Lansoprazole, Omeprazole	Zollinger-Ellison syndrome, Esophagitis with underlying Barrett's , Barrett's Esophagus, Erosive and/or Ulcerated Esophagitis (Grades III and IV Esophagitis), Esophageal Stricture, History of or current diagnosis of gastric or stomach cancer, Current diagnosis of cancer OR Patient is less than 18 years of age
Provigil®, Nuvigil®	Modafinil, Armodafinil	Work sleep disorder or chronic fatigue, sleep apnea or hypopnea syndrome in patients who have failed a trial of CPAP, narcolepsy in patients who have tried/failed stimulant therapy.

Benefit Exclusions/Limitations:

- All new FDA-approved medications are considered not covered until reviewed by the SJH Prescription Drug Program Committee.
- Prescription products with available over-the-counter equivalent products.
- Contraceptives
- Cough and cold products
- Experimental Drugs
- Ostomy supplies
- Over-the-Counter Medications
- Nicotine Products
- Prescription and non-prescription food supplements and infant formulas
- Medications used for cosmetic purposes
- Multivitamins and prenatal vitamins not available on equivalent over-the-counter products
- Specific Narcotic products: meperidine (Demerol) and propoxyphene (Darvon®, Darvocet®)
- Treximet®
- Brand name Imitrex®
- Weight loss products

Diabetic Supplies:

The specific products that are covered are included in the following table. If a member is currently using a meter that is not included in the table, please consider switching the member to a covered product.

Preferred Glucose Meters (Preferred Brand Copay)
Lifescan
One Touch®
One Touch® II
One Touch Ultra®
One Touch Ultra 2®
One Touch Ultra Smart®
One Touch Ultra Mini®
One Touch® Profile
One Touch Basic®
Fast Take®
SureStep®
SureStep® Pro
Glucosan® 3000

All of the test strips and lancets that are used with these meters are also covered. Preferred brand copayments will be applied to test strips and control solutions used with preferred brand glucose meters. Brand name copayments will be applied to test strips and control solutions associated with other meters. Members may receive one free preferred glucose meter per year. All other non-preferred meters will be covered at the brand name copay. Lancets and lancet devices will process at generic copays. Insulin syringes and pen needles will process at \$0.00 copays for members using insulin products. Members need not be insulin dependent to qualify for coverage.