



## Navitus Enhancements Effective July 1, 2009

TO: Oakland County Retirees with Prescription Drug Coverage  
FROM: Retirement Unit, Department of Human Resources  
DATE: June 2009  
SUBJECT: Administrative Enhancements to Prescription Drug Plan

As we indicated in previous communications, with the addition of Navitus Health Solutions as your prescription drug provider in April of 2008, several administrative enhancements have become available as outlined below. Attached is more detail for your reference. Please save this information packet. **All of these enhancements are effective beginning July 1, 2009.**

### *90 Days at Retail*

You will be able to obtain a 90 day supply of medication at participating local retail pharmacies, with one co-payment. This is the same benefit you now have through the mail order provider, WellDyneRx. You may of course continue to utilize WellDyneRx for your 90 day prescriptions if you wish. The choice will be yours.

### *Tablet Splitting*

You will be able to split certain approved medications in half and save half the co-payment. As an example, rather than receiving a quantity of 30 tablets for a 30 day supply of a drug with a 10mg strength and pay a \$10 co-payment, you could receive a quantity of 15 tablets for a 30 day supply of a drug with a 20mg strength, cut them in half (which would give you 30 doses) and pay only a \$5 co-payment.

### ***Generic Co-Pay Waiver Program***

To encourage the use of generic medication, if your doctor writes a prescription for one of the generic drugs covered under the generic co-pay waiver program your first 30 supply of the drug will have a \$0 (Zero) co-payment.

### ***Over the Counter Drugs***

As part of the transition to the Navitus formulary, certain over the counter drugs will be covered with a doctor's prescription.

### ***Formulary Transition***

In order to complete our transition to the Navitus formulary, Navitus will be taking steps to phase out the Blue Cross/Blue Shield formulary, which has continued to be used since the April 2008 move to Navitus. For the vast majority of employees, this transition will be completely transparent. For some, it will result in co-payments changing on prescription drugs you already receive. This same process occurred periodically under the Blue Cross/Blue Shield formulary as drugs moved from one payment tier to another. Lastly, the Navitus formulary includes Prior Authorization, Step Therapy and Quantity Limits provisions for a limited number of drugs.

### ***In Summary***

It's important to note that your co-payments, \$5 for tier 1 drugs, \$10 for tier 2 drugs and \$25 for tier 3 drugs are not changing. Remember, you can find the Navitus formulary at [www.Navitus.com](http://www.Navitus.com). We know you probably have questions so watch for more information being sent out over the next few weeks.

**Navitus Customer Care will be happy to answer any questions at 1-866-333-2757.**

The following programs will also be added to your formulary beginning July 1, 2009:

**Prior Authorization:** Requires a member to meet pre-determined criteria prior to filling a prescription for select medications, denoted with a (PA) on your formulary. Members currently utilizing a medication which will require Prior Authorization effective July 1, 2009 will be allowed to continue to receive coverage without having to satisfy the requirement.

**Step Therapy:** Requires a trial of safe and effective, generally accepted first line treatment before receiving coverage for a certain medication, denoted with a (ST) on your formulary. Members currently utilizing a medication which will require Step Therapy effective July 1, 2009 will be allowed to continue to receive coverage without having to satisfy the requirement.

**Quantity Limits:** To help ensure safety, appropriate use and to drive consistency of clinical pharmacy practice across all members, select medications will be assigned a maximum quantity that may be dispensed at a time. Drugs that are subject to a Quantity Limit are denoted with a (QL) on your formulary.

**Appeal Process:** In a very limited number of cases, a drug may be shown on the formulary as not covered (NC). In the event your doctor determines that only the non-covered drug is appropriate for your condition, a process exists whereby you or your doctor can submit a request in writing in addition to chart documentation supporting the request to Navitus Health Solutions for review. This chart documentation will need to include the specific side effects or ineffectiveness with the use of the alternatives that you have tried. Members will be notified in writing of the outcome of this review usually within 7 days or less but no more than 30 days. Members currently utilizing a not covered medication effective July 1, 2009 will be allowed to continue to receive coverage with a tier 3 co-payment without having to satisfy the requirement.

Information about your drug formulary, cost saving programs, and other important information about your prescription drug benefit is also available 24 hours a day at [www.navitus.com](http://www.navitus.com). **Please feel free to contact the Navitus Customer Care Department toll-free at 866-333-2757 with any questions.**

## Formulary Transition

As was noted in the letter you received in March, Oakland County has requested that Navitus Health Solutions, the Pharmacy Benefits Manager for The County, maintain The County's prescription drug formulary in accordance with the Navitus Health Solutions Pharmacy and Therapeutics Committee's recommendations beginning July 1, 2009. The Navitus formulary includes prescription drugs established to be clinically sound and cost effective by a committee of physicians and pharmacists. The Pharmacy and Therapeutics (P&T) Committee at Navitus evaluates which drugs to include and exclude from the formulary list. Experts evaluate prescription drugs based on the following criteria:

- Effectiveness
- Side-effects
- Drug interactions
- Cost

Formulary additions, exclusions and coverage changes are made at the discretion of physicians and pharmacists on the Navitus P&T Committee. On-going evaluation of new and existing prescription drugs ensures the formulary is up-to-date, and meets patient health needs.

Beginning July 1, 2009 your drug formulary will consist of the following (you will note this is the same 3 tier cost structure you are used to):

- Tier 1: Preferred generics and certain low cost brand name drugs
- Tier 2: Preferred brand name drugs and certain higher cost generic drugs
- Tier 3: Non- Preferred drugs

If you are affected by this transition, Navitus will send you a communication directly and will provide formulary alternatives. You will not be asked to change to a drug different from the one you currently take. However, if your drug is moved to a higher co-payment level, alternative drugs with a lower co-payment will be suggested in the communication. In addition, select Over-The-Counter (OTC) medications will be available for coverage on your formulary.

NAVITUS  
HEALTH SOLUTIONS



## 90 DAYS SUPPLY OF MAINTENANCE MEDICATIONS AVAILABLE AT MANY RETAIL PHARMACIES

Many of our members have expressed interest in having the convenience of purchasing a 90-day supply of medication at their local pharmacy, instead of a one month supply or using the mail order service.

Navitus has successfully negotiated contracts with certain retail pharmacies to provide a 90-day benefit for our members. Effective July 1, 2009, you have the option to get a 90-day supply of medication for one co-payment from participating pharmacies. In most cases, you will be able to continue to use your current pharmacy. The list of participating pharmacies is available on the Navitus Web site, [www.navitus.com](http://www.navitus.com), under the Member Tab—Pharmacy Directory. The pharmacies participating in the 90-day benefit program are denoted with an asterisk (\*). A partial listing is provided below:

**RITE-AID PHARMACY**

**MEIJER PHARMACY**

**TARGET PHARMACY**

**WALGREEN DRUG STORE**

**CVS PHARMACY**

**WAL-MART PHARMACY**

**K-MART PHARMACY**

**COSTCO PHARMACY**

**KROGER PHARMACY**

**SAMS CLUB PHARMACY**

You may need to obtain a new prescription from your provider, depending on the refills left on your current prescription.

## Navitus *RxCENTS* Tablet Splitting Program

Are you interested in saving up to 50% on out-of-pocket costs for selected medications? If so, read more about the Navitus *RxCENTS* Tablet Splitting Program, designed to keep prescription medications accessible and affordable for participating members.

### What is tablet splitting?

Tablet splitting is breaking an appropriate higher strength medication tablet in half to deliver the same prescribed dose. This allows you to receive the exact same medication and dosage, while purchasing fewer tablets and saving money.

### Which medications can be safely split in half?

The medications listed on the enclosed sheet have been identified as safe-to-split by the Navitus Pharmacy and Therapeutics (P&T) committee, which is made up of physicians and pharmacists. **Not all drugs are appropriate for tablet splitting. Always check with your physician or pharmacist before splitting any new prescription medication in half.**

### How do I split a tablet?

It is best to split each tablet one at a time and take the second half as the next dose, rather than splitting the entire supply at once. An easy-to-use tablet splitter and step-by-step instructions can be obtained by contacting Navitus Customer Care at 1-866-333-2757.

### How do I save money with *RxCENTS* tablet splitting?

*RxCENTS* tablet splitting saves you money by reducing the amount of pills you purchase to receive your prescribed dose. Your out-of-pocket is also lowered by up to 50%. Below is an example of how this works.

Drug	Directions	Quantity Per Month	Total Prescription Cost	Out-of-Pocket
Lexapro 10mg	1 tablet/day	30	\$80	\$5
Lexapro 20mg	½ tablet/day	15	\$40	\$2.50

the OTC drugs still need a prescription from a doctor to be reimbursed, the patient has to see his or her doctor where he or she will receive the same high level of care that was, in the past, reserved for Rx-only drugs.

Second, the patient and plan sponsor get all the benefits of cost savings for these OTC drugs. The OTC generic drugs are generally covered at a tier 1 co-pay and the OTC brand name drugs are generally covered at a tier 2 co-pay. The patient gets the exact same medication at a fraction of the price.

## OTC Versus Rx-Only Drugs

There are a number of differences between drugs that are designated by the Food and Drug Administration (FDA) as over-the-counter (OTC) drugs or prescription-only (Rx-only) drugs. The main differences include:

OTC drugs are available without a prescription and may be purchased by consumers in retail settings (e.g., a supermarket). In contrast, Rx-only drugs are only available with a prescription and are typically dispensed by a pharmacist.

### OTC Coverage

Over the past few years a number of big-name drugs have changed from Rx-only to OTC. Those currently covered by Navitus are: Claritin (and the generic loratadine) and Zyrtec (and the generic cetirizine). The Navitus Pharmacy and Therapeutics Committee (P&T) is comprised of independent doctors and pharmacists who guide all clinical decisions made by Navitus. It was decided by P&T that covering some of these drugs as part of a patient's prescription benefit was the best and only alternative.

### Two simple reasons

There are two reasons for this decision: 1) not only is covering OTC drugs the right thing to do for the treatment of the patient, but 2) it also makes the most sense from a cost perspective. In other words, continuing to cover these drugs provides the best overall value for everyone involved.

First, consider Claritin (loratadine) and Zyrtec (cetirizine), which treat allergies. Many believe that allergies are a serious problem that affect a patient's health and quality of life. The OTCs of these drugs provide the same relief from allergy symptoms as they did when they were Rx-only and compared to other Rx-only alternatives.

P&T decided it was not prudent in these cases to require a patient to start paying for the same drug out-of-pocket, when in the past it had been covered by the health plan. The cost burden could have caused patients to begin taking a new drug that may not have worked as well. Moreover, since

Call your health care provider's office and request to participate in the Navitus *RxCENTS* Tablet Splitting Program. Your provider may then update your prescription with your pharmacy.

Tablet splitting is not required by Navitus, but is simply offered to you as a way to help control costs. If you have any questions, or would like to receive a tablet splitter, please contact Navitus Customer Care at 1-866-333-2757.

### Navitus *RxCENTS* Tablet Splitting Program

#### Approved Medications

<b>ABILIFY</b>	<b>DIOVAN</b>
<b>ACEON</b>	<b>EXFORGE</b>
<b>ACTOS</b>	<b>JANUVIA</b>
<b>ARICEPT</b>	<b>LIPITOR</b>
<b>ATACAND</b>	<b>LEXAPRO</b>
<b>AVALIDE</b>	<b>MIRAPEX</b>
<b>AVANDIA</b>	<b>RAZADYNE</b>
<b>AVAPRO</b>	<b>SEROQUEL</b>
<b>AZILECT</b>	<b>TOPAMAX</b>
<b>CRESTOR</b>	<b>ZYPREXA</b>

This list is subject to change. Visit [www.navitus.com](http://www.navitus.com) or call Navitus Customer Care toll-free at 1-866-333-2757 for the most current list of safe-to-split medications.

---

### To begin saving money with the *RxCENTS* Tablet Splitting Program:

1. Share the medication list above with your pharmacist or physician. Most health care professionals should be familiar with tablet splitting.
2. Ask if tablet splitting is right for you.
3. If it is, ask your physician or pharmacist to help update your prescription to one that can be safely split.

## Navitus Generic Co-Pay Waiver Program

The cost of prescription medications continues to rise. For healthy individuals, the prescription drug costs are minimal if anything at all. For individuals with more than one chronic medical condition, taking many prescription drugs is commonplace and can be costly. The primary purpose of generic drugs is to make available the exact same active ingredient found in brand name drugs at more affordable prices.

The Food and Drug Administration (FDA) reviews generic drugs and approves them using the same strict criteria used when reviewing brand-name drugs. Generic manufacturers are not required to repeat the expensive multi-million dollar clinical trials that the brand-name company performed during the original approval process. However, the generic company is required to prove that the generic version of the brand-name drug provides the same benefits as the branded product.

Navitus Health Solutions developed the *Generic Co-pay Waiver Program* in order to help encourage the use of generic medications. The program allows Navitus members to have access to certain generic medications as an alternative to certain high cost, brand name alternatives. After the physician writes a prescription for one of the products on this list, the member presents the prescription to the pharmacy and will receive their first 30 day supply of the generic with a \$0 co-pay.

The following medications are currently available in the program:

Generic Co-Pay Waiver Program Medications			
Generic Name	Equivalent Brand Name	Generic Name	Equivalent Brand Name
atenolol	TENORMIN	loratadine OTC	CLARITIN OTC
bisoprolol/HCTZ	ZIAC	loratadine Syrup OTC	CLARITIN SYRUP OTC
cetirizine tab OTC	ZYRTEC OTC	loratadine-D OTC	CLARITIN-D OTC
doxazosin	CARDURA	metoprolol	LOPRESSOR
enalapril	VASOTEC	metformin	GLUCOPHAGE
estradiol tab	ESTRACE	omeprazole	PRIOSEC
famotidine	PEPCID	ranitidine	ZANTAC
fluoxetine (Caps only)	PROZAC	sertraline	ZOLOFT
glipizide	GLUCOTROL	simvastatin	ZOCOR
glyburide	DIABETA, MICRONASE	terazosin	HYTRIN
Gynodiol (.5mg, 1mg, 2mg)	ESTRACE	triamterene/HCTZ	DYAZIDE, MAXZIDE
lisinopril	PRINIVIL, ZESTRIL	verapamil SR	CALAN SR, ISOPTIN SR, VERELAN

**A good question to always ask healthcare professionals is if there is a generic equivalent to the prescribed brand name drug. A simple question can help you save money.**