



Walgreens Health Initiatives Welcomes the Employees of El Paso County, Colorado

Effective **January 1, 2009**, Walgreens Health Initiatives (WHI) will administer the Prescription Drug Program for El Paso County, Colorado. *Good News! In addition to filling your 90-day prescriptions at the El Paso County Employee pharmacy and Walgreens Mail Service (Tempe, AZ facility), you will now be able to obtain a 90-day prescription through Walgreens Advantage90® program. This program allows you to obtain a 90-day supply of medication at over 6,500 retail Walgreens pharmacies nationwide.*

Your new WHI prescription ID cards will be mailed to you in December. Please be sure to present your new WHI prescription ID card when going to the pharmacy after January 1, 2009, so the pharmacy can update your insurance information. Other pertinent information about your prescription drug benefit (i.e. Walgreens Mail Registration form, WHI Formulary/Preferred Medication List) will be provided within your WHI Prescription packets.

Filling Prescriptions at a Retail Pharmacy

Through WHI you will have convenient access to a nationwide network of more than 6,500 retail Walgreens pharmacies in addition to the El Paso County Employee pharmacy. You can obtain a complete listing of pharmacies in your network by accessing the WHI website at www.mywhi.com. Go to the pharmacy locator link, enter your six-digit RxGrp number of **112359** (found on your ID card), and enter your zip code *or* city and state.

Refill Prescriptions at Retail Pharmacy

- If you have a current prescription at a retail pharmacy with valid refills, you will not need to obtain a new prescription(s) to continue to fill at that pharmacy.
- Present your new prescription ID card to the pharmacist at the time the prescription(s) is filled to ensure that your prescription insurance information is updated to process through WHI.
- The pharmacist will process and fill the prescription(s) through WHI, and collect the appropriate copayment.

New Prescriptions at Retail Pharmacy

- Starting January 1, 2009, present your new prescription ID card to the pharmacist. The pharmacist will process and fill the prescription(s) through WHI, and collect the appropriate copayment.
- The Advantage90® program will require a new prescription for the 90-day quantity at the Walgreens retail pharmacies. Be sure to ask your doctor to write your prescription for a minimum of an 84-day supply up to a maximum of a 90-day supply. Note: Some medications cannot be dispensed in 90-day quantities because of legal restrictions. Maintenance medications are defined as medications that are used for chronic, long-term conditions such as high blood pressure, high cholesterol, etc. *Specialty pharmacy medications are not considered to be maintenance medications.*

Filling Prescriptions at the Mail Service Pharmacy

Through the Prescription Drug Program, you can take advantage of convenient delivery of your covered maintenance medications to your home or other specified address. Maintenance medications are defined as medications that are used for chronic, long-term conditions such as high blood pressure, high cholesterol, etc. *Specialty pharmacy medications are not considered to be maintenance medications.*

In order to use the Walgreens Mail Service pharmacy you will need to:

- Fill out a new Walgreens mail registration form, which will be provided to you in your WHI Prescription packets. You can fill out one registration for your entire family even though you may not be filling a prescription for all members in your family.
- Obtain new prescription(s) from your doctor, and mail the originals along with your completed registration form, and copayment. The address to mail your order is provided on the Walgreens mail registration form.
- Please allow 14 days to process and mail your prescription(s).

WHI Clinical Programs

Specialty Pharmacy (injectable and oral medications)

WHI Specialty Pharmacy provides convenient, dependable access to medications for people living with complex health conditions. Our programs and services focus on injectables, oral medications, and medication therapies involving strict compliance requirements; special storage, handling, and delivery; complex administration methods; and education/monitoring/ongoing support. Drugs that fall under this program can only be dispensed at the El Paso County Employee Pharmacy, a Walgreens retail pharmacy or via a home delivery method through the Walgreens Mail Service pharmacy. These drugs will be limited to a 30-day supply regardless if dispensed at a retail pharmacy or at a mail service pharmacy. Specialty Pharmacy copayments will apply at retail/mail.

Drugs include the following, but are not limited to: Cystic Fibrosis medications, Enzyme replacement medications, Viral Hepatitis medications, Multiple Sclerosis medications, Growth Hormones, and all other biotech medications. Please call toll free at 1-888-782-8443 to pre-enroll in the Specialty Pharmacy program. Your medication will not be dispensed through WHI until January 1, 2009.

Clinical Prior Authorization (CPA)

Certain prescriptions may require "clinical prior authorization" or approval from WHI before they will be covered by your plan. The categories/medications that require clinical prior authorization may include, but are not limited to:

- Acne Topical (i.e. Retin-A, Avita, Differin) exceeding age 24
- Actiq
- ADHD/Narcolepsy (i.e. Dexedrine, Ritalin, Cylert) exceeding age 19
- Anabolic Steroids (oral, topical, injectable)
- Antiemetics (oral, i.e. Kytril, Zofran) are limited to a 7 day supply per 25 days. CPA if quantity limit is exceeded.
- Botulin Toxins (i.e. Botox, Myobloc)
- Butorphanol exceeding 2 bottles(5 ml)/25 days
- Byetta
- Crinone 8%
- Duragesic exceeding a quantity of 15/25 days
- Fentora
- Impotency (i.e. Viagra, Caverject, Levitra, Cialis) CPA with max quantity of 8, if approved.
- Insomnia (i.e. Ambien, Restoril, Sonata) exceeding quantity of 90/144 days
- Lamisil/Sporanox/Penlac
- Oxycontin

To request prior authorization for your prescription, the pharmacy, the physician or you may call the Prior Authorization Department toll free at 1-877-665-6609. Please have available the name of your medication, physician's name, phone (and fax number, if available), your ID number, and your Rx Group number of 112359. Your medication will not be dispensed until January 1, 2009.

Your Cost: Retail, Mail-Order and Specialty Pharmacy

When covered prescriptions are filled under this program, you will share a portion of the cost; the plan pays for the rest. Your prescription drug program provides you with three-tier options. These formulary medications have received FDA approval as safe and effective. The WHI Preferred Medication List (PML)/formulary is available on the WHI web site at www.mywhi.com. The on-line guide is updated regularly every calendar quarter or more often if needed to reflect important changes. Please note that although a drug is on a formulary, it does not necessarily mean that it is a covered drug under your plan. Refer to your Summary Plan Description for a list of coverages/exclusions.

Your costs for the program are as follows:

Pharmacy	Drug Type/Copay Tier	Member Copay		
		Up to a 30 Day Supply	84-90 Day Supply*	Up to a 90 Day Supply
Inhouse Clinic Pharmacy	Generic	\$6.00	\$15.00	
	Preferred Brand	\$24.00	\$60.00	
	Non-Preferred Brand	\$42.00	\$105.00	
	Preferred Brand - Specialty Medication**	\$100.00		
	Non-Preferred Brand - Specialty Medication**	\$200.00		
Walgreens Retail Pharmacy	Generic	\$7.50	\$16.50	
	Preferred Brand	\$25.50	\$61.50	
	Non-Preferred Brand	\$43.50	\$106.50	
	Preferred Brand - Specialty Medication**	\$100.00		
	Non-Preferred Brand - Specialty Medication**	\$200.00		
Walgreens Mail Order Pharmacy	Generic			\$15.00
	Preferred Brand			\$60.00
	Non-Preferred Brand			\$105.00
	Preferred Brand - Specialty Medication**	\$100.00		
	Non-Preferred Brand - Specialty Medication**	\$200.00		

*Your prescription must be written for at least an 84-day supply in order to obtain at the retail pharmacy.

**Covered Specialty Pharmacy medications are limited to a 30-day supply. For Specialty Pharmacy medications, a Patient Max-Out-of-Pocket (MOOP) of \$2,500.00 applies per individual, per calendar year. Once the MOOP is met, the member's copayment is zero for the remainder of the calendar year.

It is standard pharmacy practice (and in some states, it is even required by law) to substitute generic equivalents for brand-name drugs whenever possible. When you use the mail service or a participating retail pharmacy, you may receive generic substitutes whenever available and allowable. If you select a brand name drug when a generic equivalent is available, you will be responsible for the difference in the cost of the brand and generic drug, plus your applicable copayment.

Please continue to use your current MaxorPlus retail and mail order program through December 31, 2008.