



24-14

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: December 23, 2014

**EMPLOYEE MEDICAL HEALTH PLAN (EMHP) OF
SUFFOLK COUNTY**

**IMPORTANT UPDATES REGARDING
PRESCRIPTION DRUG BENEFITS**

Note: *These changes only apply to Active and Non-Medicare eligible retirees/dependent survivors and their eligible dependents, not Medicare eligible retirees/dependent survivors enrolled in the Express Scripts Medicare Prescription Drug Plan.*

As part of our continuing effort to provide our members with important updates regarding the Employee Medical Health Plan of Suffolk County (EMHP), the Labor/Management Committee, which oversees the EMHP, would like to provide you with important information regarding the prescription drug benefits program; specifically; (1) Updated Drug Lists: Basic Plus Preferred List for 2015, Step Therapy, Prior Authorization and Quantity Level Limits, (2) Standard and Enhanced Prior Authorization List and (3) Personalized Medicine Program.

UPDATED PRESCRIPTION DRUG LISTS

BASIC PLUS PREFERRED LIST - 2015

The Basic Plus Preferred List, formerly titled the Preferred Formulary list, is updated annually. Please access the WellDyneRx website, emhp.welldynernx.com, or contact WellDyneRx directly at 1-855-799-6831 for the 2015 list.

STEP THERAPY, PRIOR AUTHORIZATION AND QUANTITY LEVEL LIMITS LISTS

The Step Therapy, Prior Authorization and Quantity Level Limits lists are continually updated as new drugs and generic drugs become available. Therefore, please periodically check the WellDyneRx website emhp.welldynernx.com, or contact WellDyneRx directly at 1-855-799-6831 for the most current information.

We recommend that you share these lists with your physicians. Your physician may refer to these lists when prescribing medication.

STANDARD AND ENHANCED PRIOR AUTHORIZATION LIST

Effective November 1, 2014

Effective November 1, 2014, new utilizers of a medication contained on the attached Standard and Enhanced Prior Authorization List must obtain a prior authorization before the medication can be filled. Either you or your physician can initiate the Prior Authorization process with WellDyneRx. Your physician will receive a Prior Authorization Form from WellDyneRx to complete and return via fax to 888-473-7875 for review.

NEW PERSONALIZED MEDICINE PROGRAM

Effective March 1, 2015

The EMHP Labor Management Committee has agreed to implement WellDyneRx's Personalized Medicine Program, which facilitates pharmacogenomics (study of how genes affects a person's response to drugs) testing, providing physicians with the information they need to make personalized prescribing decisions – selecting the right drug and the right dose more quickly, safely, and effectively. This personalized approach to prescribing:

- Enables more precise therapy and dosing decisions
- Increases the probability of successful therapy
- Lowers the risk of adverse effects
- Reduces waste because patients get the right drug and the right dose faster
- Reduces secondary costs such as hospitalization, absenteeism, and trial and error of different treatments.

Effective March 1, 2015, approval of dispensing of the medications on the attached "Personalized Medicine Drug List", are contingent on the patient undergoing the appropriate genetic testing.

All drugs in this program require a Prior Authorization review by WellDyneRx. Either you or your physician can initiate the Prior Authorization process with WellDyneRx. Your physician will receive a Prior Authorization Form from WellDyneRx to complete and submit to WellDyneRx along with the chart notes and lab results or any other documentation required by WellDyneRx via fax to 888-473-7875 for review.


JENNIFER K. MCNAMARA, ESQ.
Director of Labor Relations

Distribution

One copy per employee/retiree

Attachments (2)

Standard and Enhanced Prior Authorization List

Personalized Medicine Drug List



Personalized Medicine Drug List

DRUG NAME	DISEASE STATE	PHARMACOGENOMIC TESTS
ERBITUX	ONCOLOGY	K-RAS mutation analysis
GILOTRIF	ONCOLOGY	EGFR mutation testing
GLEEVEC	LEUKEMIA	BCR-ABL Test, c-Kit (CD117) positive Test
HARVONI	HEPATITIS C	Hepatitis C Genotype 1 Test
HERCEPTIN	ONCOLOGY	Herceptest™ and Pathway® HER-2/neu (IHC assays) and PathVysion® and HER2 FISH pharmDX™
INCIVEK	HEPATITIS C	Hepatitis C Genotype 1 Test
KADCYLA	ONCOLOGY	Herceptest™ and Pathway® HER-2/neu (IHC assays) and PathVysion® and HER2 FISH pharmDX™
KALYDECO	CYSTIC FIBROSIS	CF Mutation Test
MEKINIST	MELANOMA	ThxID BRAF Mutation Test
MYLERAN	CHRONIC MYELOGENOUS LEUKEMIA	Philadelphia chromosome-positive Test
OLYSIO	HEPATITIS C	Hepatitis C Genotype 1 Test
REVLIMID	ONCOLOGY	Cytogenetic or FISH testing
SELZENTRY	HIV	CCR5 co-receptor and CXCR4 co-receptor Tests
SOVALDI	HEPATITIS C	Hepatitis C Genotype 1, 2, 3, or 4 Test
SPRYCEL	ONCOLOGY	Philadelphia chromosome-positive Test
TAFINLAR	MELANOMA	ThxID BRAF Mutation Test
TRIUMEQ	HIV	COBAS® AmpliPrep/COBAS® TaqMan® HLA-B*5701 test
TYKERB	ONCOLOGY	HER2 Test
VECTIBIX	COLORECTAL CARCINOMA	KRAS MUTATION Analysis
VICTRELIS	HEPATITIS C	Hepatitis C Genotype 1 Test
XALKORI	ONCOLOGY	Vysis ALK Break-Apart FISH Probe Kit test
ZELBORAF	MELANOMA	Cobas® 4800 BRAF V600 Mutation Test
ZIAGEN	HIV	HLA-B*5701 Genetic Test
ZYKADIA	ONCOLOGY	ANAPLASTIC LYMPHOMA KINASE POSITIVE Test

Standard and Enhanced Prior Authorization List

Prior Authorization is generally utilized to promote quality utilization practices of potentially high cost, limited use, or inappropriately utilized medications. If you fill or refill a prescription for any drug that requires prior authorization, your doctor must obtain authorization from WellDyneRx before the prescription will be covered. Medications that require prior authorization are listed below. Please note that this list is not all inclusive.

Please Note: This drug list is subject to change. For the most current Prior Authorization list and program criteria, please visit emhp.welldynrx.com.

BRAND NAME	GENERIC NAME
ABSORBICA	ISOTRETINOIN
ABSTRAL	FENTANYL CITRATE SUBLINGUAL
ACTICLATE	DOXYCYCLINE HYCLATE
ACTIQ	FENTANYL CITRATE LOZENGE
ADIPEX-P	PHTERMINE
AKYNZEO	NETUPITANT-PALONOSETRON
ALOXI	ALOXI
AMNESTEEM	ISOTRETINOIN
ANZEMET	DOLASETRON
AVINZA	MORPHINE ER CAPSULE
BELVIQ	LORCASERIN HCL
BENZPHETAMINE	BENZPHETAMINE HCL
BONTRIL	PHENDIMETRAZINE TARTRATE
BUTORPHANOL	BUTORPHANOL TARTRATE
BUTRANS	BUPRENORPHINE
BUTRANS	BUPRENORPHINE
BYDUREON	EXENATIDE ER INJ
BYETTA	EXENATIDE DOSE PEN
CELEBREX	CELECOXIB
CESAMET	NABILONE
CLARAVIS	ISOTRETINOIN
CONTRAVE	NALTREXONE HCL-BUPROPION HCL
DALIRESP	ROFLUMILAST B22
DESOXYN	METHAMPHETAMINE
DICLEGIS	DOXYLAMINE-PYRIDOXINE
DIDREX	BENZPHETAMINE
DIETHYLPROPION	DIETHYLPROPION
DIFICID	FIDAXOMICIN
DORYX	DOXYCYCLINE HYCLATE
DURAGESIC	FENTANYL
ELIDEL	PIMECROLIMUS
EMEND	APREPITANT



BRAND NAME	GENERIC NAME
EMSAM	SELEGILINE
EXALGO	HYDROMORPHONE HCL ER 24
FENTANYL	FENTANYL 100 MCG/HR PATCH TD72
FENTANYL CITRATE	FENTANYL CITRATE
FENTORA	FENTANYL CITRATE BUCCAL TABLET
FLECTOR	DICLOFENAC EPOLAMINE
FULYZAQ	CROFELEMER
INTUNIV	GUANFACINE HCL
KADIAN	MORPHINE SULFATE CAPSULE ER
KYTRIL	GRANISETRON HCL
LAZANDA	FENTANYL CITRATE NASAL SPRAY
LIDODERM PATCH	LIDOCAINE
LYRICA	PREGABALIN
MARINOL	DRONABINOL
MORPHINE SULFATE	MORPHINE SULFATE CR
MS CONTIN	MORPHINE SULFATE ER
MYORISAN	ISOTRETINOIN
NOXAFIL	POSACONAZOLE
NUVIGIL	ARMODAFINIL
ONMEL	ITRACONAZOLE
ONSOLIS	FENTANYL CITRATE BUCCAL SOLUBLE FILM
OPANA	OXYMORPHONE HCL
OPANA ER	OXYMORPHONE HCL TAB SR
ORAMORPH SR	MORPHINE SULFATE ER
OXYCONTIN	OXYCODONE HCL ER 12 H
PHENTERMINE	PHENTERMINE
PROTOPIC	TACROLIMUS
PROVIGIL	MODAFINIL
QSYMIA	PHENTERMINE HCL-TOPIRAMATE
REGIMEX	BENZPHETAMINE HCL
REGRANEX	BECAPLERMIN
RELISTOR	METHYLNALTREXONE BROMIDE
REYATAZ	ATAZANAVIR
SANCUSO	GRANISETRON
SOTRET	ISOTRETINOIN
SUBSYS	FENTANYL SUBLINGUAL SPRAY
SUPRENZA	PHENTERMINE HCL ORALLY DISINTEGRATING TABLETS
SYMLIN	PRAMLINTIDE INJECTION
TANZEUM	ALBIGLUTIDE PEN INJECTION



BRAND NAME	GENERIC NAME
TRULICITY	DULAGLUTIDE
VANCOCIN	VANCOMYCIN ORAL
VICTOZA 2-PAK	LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN
VICTOZA 3-PAK	LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN
XENICAL	ORLISTAT
XIFAXAN	RIFAXIMIN
XIFAXAN 550MG	RIFAXIMIN
XYREM	SODIUM OXYBATE
ZOFRAN	ONDANSETRON