



January 11, 2010

Broker Buzz - January 2010

Extension of COBRA Eligibility Passed

The Federal government has extended the eligibility period for COBRA premium reduction for an additional two months (through February 28, 2010), and has also extended the maximum period for eligible participants to receive reduced rates for an additional six months. This extension was included in the approved 2010 Defense Appropriations Act (DOD).

MVP is making the necessary changes to become fully compliant with the mandate for groups, for whom we administer COBRA coverage. MVP will be communicating the extension of COBRA coverage with all employers.

Please note the following important changes:

- The Act changes the end date for COBRA premium subsidies from December 31, 2009 to February 28, 2010.
- The Act extends the maximum period to receive COBRA subsidies from nine to 15 months.
- COBRA participants, who have reached the end of their reduced premiums and have terminated from COBRA, will be permitted to re-enroll on the plan retroactively. The participant will have until February 2, 2010, or 30-days from the date of the letter (if the 30-day grace period extends past February 17, 2010) to make up premium payments.
- Anyone who was an Assistance Eligible Individual (AEI) on or after October 31, 2009 must be given notice explaining the changes made by the 2010 DOD Act.
- COBRA Qualifiers who were terminated on or after October 31, 2009 must

- receive a notice explaining the changes made by the 2010 DOD Act.
- The act also clarifies that the date of the qualifying event should be used in determining an individual's eligibility for premium assistance and not the date of the qualifier's COBRA eligibility. Meaning, if an individual experiences a loss of coverage on February 28, 2010, they will be eligible for premium assistance.

MVP Communicates 2010 MAC Pricing Change To Affected Members and their Health Care Providers

MVP Health Care is mailing a notification to subscribers 90 days prior to their group's renewal that outlines new pharmacy benefit changes.

Beginning this week, MVP Health Care will also send quarterly notices to members who take a brand-name prescription drug for which there is a generic alternative, and for whom that prescription will cost at least \$10 more under the Maximum Allowable Cost (MAC) pricing for brand-name drugs in 2010.

Each quarter, MVP will also mail a list of affected members to their health care providers. The intent of these mailings is to allow time for patients and doctors to review generic alternatives and get as many members as possible to switch to a generic prescription that will save them money.

These pharmacy benefits are offered by MVP Health Plan, Inc., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc., and MVP Health Insurance Company of New Hampshire, Inc.

Pharmacy Changes Effective January 1, 2010

Policy Updates:

Thalidomide and Thalidomide Derivatives

- Table identifying therapies classified as Category 1 or 2A by NCCN was added
- Statement referencing the Experimental / Investigational policy was added
- Exclusion for combination therapies was added

Osteoporosis

- Bone mineral density requirement for Forteo use after one year was removed
- Medicare variation was added which excludes injectable bisphosphonates when used for the prevention of osteoporosis

Psoriasis Drugs

- Raptiva was removed from the policy
- Step therapy requiring failure on Enbrel and Humira prior to Amevive and

Remicade was added.

Agents for Multiple Sclerosis

- Indications for Copaxone were updated

Constipation & IBS

- Criteria was updated to include Rome III updates
- Tricyclic antidepressants were added to criteria as an option for diarrhea predominant IBS

Antineoplastic Enzyme Inhibitors

- Use of agents in this policy will follow NCCN guidelines; therefore, criteria for Gleevec was removed
- Statement referencing the Experimental / Investigational policy was added

Abraxane

- Dosing information was removed
- Statement referencing the Experimental / Investigational policy was added

Myelodysplastic Syndrome

- Statement referencing the Experimental / Investigational policy was added

Select Biologic Chemotherapy Agents

- Indications and a statement referencing the Experimental / Investigational policy were added

Erythropoietic Agents

- CKD target range was changed to Hgb 10-12g/dL (from 11-12)
- When used for MDS, myelodysplasia is identified as less than 10% blasts (changed from 5 percent)
- If darbopoetin is discontinued, member must be re-stabilized on EPO and meet clinical criteria in policy to be eligible for darbopoetin

Synagis

- Effective Nov. 1, 2009
- Criteria changed to reflect revised RSV treatment guidelines by the American Academy of Pediatrics

Ixempra

- New policy established prior authorization criteria as supported by NCCN guidelines

Proton Pump Inhibitors

- Kapidex was added to the policy requiring prior authorization
- Criteria was clarified to indicate that Prevacid NapraPAC does not require prior authorization

Agents for Inflammatory Bowel Disease

- Prior authorization criteria for Cimzia was added
- Criteria for Cimzia, Remicade and Tysabri now require a 12-week trial on Humira

Biologic Drugs for Inflammatory Arthritis

- Cimzia and Simponi were added to the policy
- New step therapy criteria requires a 12-week trial on Humira and Enbrel prior to Cimzia, Kineret, Simponi, Orencia, Remicade or Rituxan
- For re-treatment with Rituxan, criteria updated to include failure or inadequate response to at least 2 TNF blockers in combination with methotrexate.

Pharmacy Programs Administration

- Reference to Medicare IV vs. Oral policy was removed for 2010
- Language changed to allow providers the right to appeal Medicare denials
- Part D language regarding compounds and copay exceptions was updated

The following policies were reviewed and approved with no changes to criteria:

- Tysabri
- Chronic Hepatitis C
- Actimmune
- Blood Modifiers - excluding RBC Agents
- Alpha-1 Antitrypsin Inhibitors
- Formulary Exceptions for Non-covered Drugs
- Quantity Limits
- Government Programs OTC

The following policies were archived:

- GnRH Agonists

Formulary Updates for Commercial Members

The MVP Formulary is updated after each Pharmacy and Therapeutics Committee meeting.

The most current version is available online at www.mvphealthcare.com. Simply visit the site's *Broker* section and under *Pharmacy*, click on *Formulary*.

Unless otherwise noted, the following Formulary information is effective Jan. 1, 2010.

New Drugs (recently approved by the FDA, prior authorization required, Tier 3)

Stelara (medical benefit)	Folotyn (medical benefit)
Vibativ (medical benefit)	Zirgan
Bepreve	Sabril (must obtain from CuraScript)
Valturna	Metozolv ODT
Zenpep	Intuniv
Saphris	Livalo
Onglyza	Colcrys
Effient	Feraheme (medical benefit)
Extavia (must obtain from CuraScript)	Embeda
Lipsovir	Invega Sustenna (medical benefit)
Tyvaso	Acuvail
Onsolis	Sumavel DosePro
Plan B One Step (no prior authorization required)	

Drugs Added to Formulary (Tier 1)

apraclonidine (generic Iopidine)
clinda/benzoyl peroxide (generic BenzaClin)
nateglinide (generic Starlix)
levonorgestrel (generic Plan B)
bicalutamide (generic Casodex)
tacrolimus (generic Prograf)
clonidine patch (generic Catapres-TTS)

Drugs Removed from Formulary* (change from Tier 2 to Tier 3)

Altace®	Plan B®	Myfortic®
Casodex®	Lupron® 1mg	Starlix®
Prograf®		

**Affected members on drugs removed from the formulary will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative)*

Drugs Removed from Prior Authorization

Savella™	Vectical™
Ryzolt™	Gelnique™

Except as noted, all medications are non-formulary, Tier 3

2010 Medicare Part D Formulary

The tier structure for the 2010 Medicare Part D Formulary will be changing. The formulary will be divided into five tiers (or cost groups) that correspond to the member's drug copays.

They are defined as:

- Tier 1 - Most generic drugs
- Tier 2 - Preferred brand name drugs
- Tier 3 - Non-preferred brands / generics
- Tier 4 - Specialty medications (those that cost more than \$600 per month)
- Tier 5 - Limited coverage drugs (a limited number of drugs covered at the highest cost share level)

In addition, brand name medications with a generic equivalent will no longer be covered. Select exceptions include Lanoxin[®], Coumadin[®] and Synthroid[®].

Some medications have been removed from the formulary or may have had changes to prior authorization, step therapy, or quantity limitations. Refer to the Medicare Comprehensive Formulary at www.mvphealthcare.com to review these changes.

© 2010 MVP Health Care. All rights reserved.

[Forward email](#)

SafeUnsubscribe[®]

This email was sent to bmchugh@mvphealthcare.com by dlink@mvphealthcare.com.
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe[™]](#) | [Privacy Policy](#).

MVP Health Care | 220 Alexander Street | Rochester | NY | 14607

Email Marketing by

