

# Important Pharmacy Information for 2010



**In 2010, the Denver Health Medical Plan (DHMP) benefit will change to a 3-Tier formulary and significant Caremark contract changes will take effect.**

We are providing an overview of the benefit changes and requests for P & T approval.

The Denver Health Hospital Authority (DHHA) P & T acts as the P & T committee for the DHMP formulary and the Denver Health Managed Care Plan. Please note, the decisions and recommendations made regarding these requests will not affect the status of medications on the Denver Health and Hospital Authority (DHHA) formulary.

### **DHMP 3-Tier Formulary**

The new formulary structure will provide flexibility with preferred products in each class, a decrease in overall pharmacy expenses and an increase in member choice through cost-sharing copays. The member copays are assigned by location dispensed, quantity filled and formulary tier classification.

| Class                              | Tier 1 | Tier 2 | Tier 3                                   | Copay Discount Maintenance Drugs |
|------------------------------------|--------|--------|--|----------------------------------|
| <b>DH pharmacies (30 days)</b>     | \$5    | \$15   | \$20                                     | \$4                              |
| <b>DH by mail (90 days)</b>        | \$10   | \$30   | \$40                                     | \$8                              |
| <b>Non-DH pharmacies (30 days)</b> | \$15   | \$25   | \$45<br>Require Prior Authorization (PA) | Not available                    |
| <b>Caremark by mail (90 days)</b>  | \$30   | \$50   | \$90<br>Require Prior Authorization (PA) | Not available                    |

**The following are general guidelines for each of the tiers:**

**Tier 1:** generics or brand-name drugs dispensed as generics

**Tier 2:** brand-name formulary medications

**Tier 3:** non-formulary medications with a member specific Prior Authorization (PA) or non-formulary medications pre-approved for use at DH pharmacies ONLY

**DHMP Pharmacy Benefit Exclusions:** anti-wrinkle products, drugs for cosmetic use, dietary supplements, hair removal products, immunizations, blood, plasma, infertility drugs, pigmenting/de-pigmenting agents, nicotine-containing/OTC smoking deterrents (some smoking cessation medications may be covered while participating in a DHMP approved class), RX vitamins (except fluoride, folic acid, prenatal, vitamin B12, vitamin D) and over the counter (OTC) products (except insulin and diabetic testing strips)

The descriptions for the P & T Committee and Product Selection Criteria will remain the same for the 2010 Formulary.