

WV Children's Health Insurance Program
1018 Kanawha Blvd. East, Suite 209
Charleston, WV 25301
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Helpline 877-982-2447
www.wvchip.org



Dear WVCHIP Families:

West Virginia Children's Health Insurance Program (CHIP) is experiencing higher costs just as other health plans and insurance groups you may have seen or heard about in the news. Rising drug costs are a significant part of these increases. Last year, CHIP's drug expenditures increased by 24%, almost double the increase of other medical costs, and now nearly one in every five dollars the program spends is for drug costs alone.

For this reason, we are preparing to change the WVCHIP Preferred Drug List (PDL), effective January 1, 2006. The new PDL is currently in use by members of the West Virginia Public Employee Agency (PEIA). This list will emphasize more generic use to contain costs. However, unlike the current PDL, non-preferred medications will no longer be covered. Currently non-preferred medications that have generic alternatives require the member to cover the cost of a co-pay and the difference between the cost of the non-preferred brand name drug and the generic alternative. Effective January 1, 2006, **CHIP will no longer cover any of the cost for drugs not on the new formulary list.** After this January 1, 2006 effective date, if you and your physician so choose a drug that is not listed on the formulary, it will be at 100% cost to you. Co-pays for drugs on the new Preferred Drug List will remain the same.

Please take special notice of changes in two categories of drugs, the Non-Sedating Antihistamines (NSA) and the Proton Pump Inhibitors (PPI). The only NSA drug covered will be Claritin and its generic, and the only PPI covered will be Prilosec OTC and its generics when they become available. Both of the medications are currently available over the counter, but for CHIP to cover the cost for these drugs please note that a prescription will still be required.

Also, there will now be additional step therapy programs for the following listed medications in which generic therapeutic equivalents must be used before a more expensive brand name drug - Antivirals (Zovirax, Famvir), Topical

Immunomodulators (Protopic, Elidel), Symbyax, and Topical Corticosteroids (Brands only) (drugs that can be used for the treatment of eczema or rashes).

It is important to note that any member either currently taking drugs used to treat, or is sensitive to mental conditions, will not be affected by this change if they are taking a drug in one of the following classes: Antipsychotics (example: Risperdal, Zyprexa), SSRI's (example: Lexapro, Zoloft), CNS Stimulants (such as Adderall XR), Anticonvulsants (such as Depakote), Sedative Hypnotics (such as Ambien, Lunesta), Aliphatic Phenothiazines, and Straterra or other Attention Deficit Disorder products. If you have a question about whether or not you are taking a drug in one of these categories, you can check with your pharmacist or call the Express Scripts, Inc. (ESI) help desk at 1-877-256-4689.

You should check the attached Preferred Drug List that will go into effect on January 1, 2006 and if your child's current prescription is not covered, talk with your physician about their advice for changing to assure coverage.

If you have other questions or comments about these changes, please send them to us in writing no later than December 8, 2005 to:

Sharon L. Carte
WVCHIP
1018 Kanawha Blvd East, Suite 209
Charleston, WV 25301

Sincerely,

Sharon L. Carte

Sharon L. Carte
Executive Director

Attachment: ESI Prime Formulary List