



1901 Las Vegas Blvd. So.
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July 1, 2011

RE: FORMULARY ADVANTAGE PROGRAM

Dear Valued Culinary Provider,

Please be advised that effective July 1, 2011, the Culinary Health Fund will be implementing a Formulary Advantage Program (FAP). The FAP is a new formulary management program that targets medications within 9 drug classes and encourages the selection of clinically effective, lower cost medications that support patient treatment adherence by lowering out-of-pocket prescription costs.

- Effective July 1st, 2011, all Culinary participants filling prescriptions for the *first* time under the 9 drug classes indicated on Page 2, will be required to try the preferred alternative medications before a non preferred medication will be covered under their prescription drug plan.
- Effective October 1st, 2011, all Culinary participants with *existing* prescriptions for affected medications, with the exception of Atypical Antipsychotics and Selective Serotonin Reuptake Inhibitors (SSRI's), will need to obtain a new prescription for a preferred alternative.

Please transition your Culinary patients to a preferred alternative listed in the chart on Page 2 prior to October 1, 2011, to ensure continued coverage of medications.

- In the event that a preferred alternative medication has been tried and failed, prior authorization may be obtained by contacting Catalyst Rx at (888) 869-4600.
- Please note, unless otherwise specified, participants under the age of 18 will be grandfathered under this program and will not require modification of the current medications being taken.

If you have specific questions about the Culinary FAP, please contact Catalyst Rx directly at (866) 611-5960.

Sincerely,

Shelli Lara
Director, Healthcare Delivery

NEW PRIOR AUTHORIZATION REQUIREMENTS¹
Effective October 1, 2011

| Drug Class | Affected Medications | Preferred Alternatives |
|---|--|---|
| Androgens <i>Testosterone Replacement</i> | Androderm, Axiron, Fortesta, Testim | AndroGel |
| Angiotensin II Receptor Blockers (ARBs)² <i>Blood Pressure</i> | Atacand/HCT, Avalide, Avapro, Benicar/HCT, Edarbi, Teveten/HCT | losartan, losartan/hctz, Diovan/HCT, Micardis/HCT |
| Atypical Antipsychotics² | Abilify ³ , Fanapt ³ , Invega ³ , Latuda ³ , Saphris ³ | risperidone, Geodon, Seroquel, Zyprexa |
| Bisphosphonates <i>Osteoporosis</i> | Actonel, Actonel with Calcium, Atelvia | alendronate, Boniva, Fosamax Plus D |
| Growth Hormones⁴ | Nutropin, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbitive | Genotropin, Humatrope, Norditropin |
| Hypnotics <i>Sleep Aids</i> | Edluar, Lunesta, Rozerem, Silenor, Zolpimist | All generic hypnotics |
| Intranasal Steroids <i>Nasal Allergy</i> | Beconase AQ, Nasacort AQ, Omnaris, Rhinocort Aqua, Tri-Nasal, Vancenase AQ, Veramyst | flunisolide, fluticasone propionate, Nasonex |
| Selective Serotonin Reuptake Inhibitors (SSRIs)² <i>Depression</i> | Lexapro ³ , Luvox CR ³ , Pexeva ³ | citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline |
| Triptans <i>Migraine</i> | Axert, Frova, Sumavel, Treximet, Zomig | naratriptan, sumatriptan, Maxalt, Maxalt-MLT, Relpax |

¹Unless noted, these requirements do not apply to participants under age 18 and other exceptions may apply.

²Participants taking an ARB, Atypical Antipsychotic or SSRI medication must try two preferred alternatives.

³Applies to new starts only. Patients who start treatment on a non-preferred Atypical Antipsychotic or SSRI medication prior to October 1, 2011 will not be affected.

⁴Approval for Growth Hormones is required for all participants. A plan may already require prior authorization for these medications or they may be included as part of a Specialty Drug Management Program. If a participant has already received a prior authorization for one of these medications, they will not be impacted by this change.