

**\* IMPORTANT BENEFIT CHANGE INFORMATION \***

July 31<sup>st</sup>, 2009

Dear Plumbers and Pipefitters Local 396 member,

This letter is to inform you of changes to the Plumbers and Pipefitters Local 396 Fund prescription plan effective September 1<sup>st</sup>, 2009.

**QUANTITY LIMITS**

Beginning on September 1<sup>st</sup>, 2009 Plumbers and Pipefitters Local 396 Fund will add new quantity limits to the following prescription medications. These quantity limits are based on recommendations from the manufacturers and the U.S. Food and Drug Administration (FDA), as well as accepted medical practices for dosing. Quantity limits help ensure that you receive the proper dose and recommended duration of therapy for your condition, while minimizing potential for adverse events, inappropriate therapy, and excessive cost. A Letter of Medical Necessity must be obtained from your physician if you require a higher quantity limit other than the quantity listed. Once the letter is completed it may be faxed to Envision Rx Options at 330-405-8081.

Brand Drug Name	Generic Drug Name	Retail quantity	Mailorder Quantity
Actiq	Fentanyl Citrate Lollipop	120 units	360 units
Aerobid & Aerobid M Inh 250mcg/7ml	Flunisolide	7 ml (1 inh)	21 ml (3 inh)
Alupent Inh/refill 650mcg/14ml	Metaproterenol Sulfate	28 ml (2 inh)	84 ml (6 inh)
Anzemet tabs	Dolasetron	21 tabs	63 tabs
Anzemet vial for oral use	Dolasetron	10 ml	30 ml
Amerge 1mg, 9s	Naratriptan	9 tabs	27 tabs
Amerge 2.5mg, 9s	Naratriptan	9 tabs	27 tabs
Atrovent 18mcg/14ml Inh	Ipratropium	28 ml (2 inh)	84 ml (6 inh)
Axert 6.25mg tabs	Almotriptan	9 tabs	27 tabs
Axert 12.5mg tabs	Almotriptan	9 tabs	27 tabs
Azmacort 100mcg/20ml	Triamcinolone	40 ml (2 inh)	120 ml (6 inh)
Butorphanol NS 2.5ml	Butorphanol Tartrate	6 ml (2 units)	18 ml (6 units)
Cialis tabs	Tadalafil	6 tabs	18 tabs
Combivent Inh 15ml	Albuterol Sulf/Lpratropium	30 ml (2 inh)	90 ml (6 inh)
Edex & Caverject	Alprostadil	6 inj	18 inj
Fentanyl patches	Fentanyl TD Patch	10 patches	30 patches
Fentora buccal tab	Fentanyl Citrate Buccal Tab	120 tabs	360 tabs
Flovent 44mcg inh 13gm	Fluticasone Propionate	26 gm (2 inh)	78 gm (6 inh)
Flovent 110mcg Inh 8gm	Fluticasone Propionate	16 gm (2 inh)	48 gm (6 inh)
Flovent 110mcg Inh 13gm	Fluticasone Propionate	26 gm (2 inh)	78 gm (6 inh)
Flovent 220mcg Inh 8gm	Fluticasone Propionate	16 gm (2 inh)	48 gm (6 inh)
Flovent 220mcg Inh 13gm	Fluticasone Propionate	26 gm (2 inh)	78 gm (6 inh)
Flovent HFA 220 mcg inh 12gm	Fluticasone Propionate HFA Inhal Aerosol	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 110 mcg inh 12gm	Fluticasone Propionate HFA Inhal Aerosol	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 44 mcg inh 10.6gm	Fluticasone Propionate HFA Inhal Aerosol	22 gm (2 inh)	66 gm (6 inh)
Flovent Rotadisk 50mcg	Fluticasone Propionate	4 pak (60 discs)	180 discs
Flovent Rotadisk 100mcg	Fluticasone Propionate	4 pak (60 discs)	180 discs
Flovent Rotadisk 250mcg	Fluticasone Propionate	4 pak (60 discs)	180 discs
Fosamax 35mg tabs	Alendronate	8 tabs	24 tabs
Fosamax 70mg tabs	Alendronate	4 tabs	12 tabs
Foradil Inhalant Caps/Aerolizer, 60s	Formoterol Fum.	60 caps	90 caps
Frova 2.5mg tabs 9's	Frovatriptan	9 tabs	27 tabs
Imitrex 100mg tabs	Sumatriptan	9 tabs	27 tabs
Imitrex 25mg tabs	Sumatriptan	9 tabs	27 tabs
Imitrex 50mg tabs	Sumatriptan	9 tabs	27 tabs
Imitrex 4 mg/0.5ml 6mg/0.5ml Injectable Kit	Sumatriptan	2 kits (4 doses)	6 kits (12 doses)

## **STEP THERAPY**

**Step Therapy for the following non-preferred drugs: Bisphosphonate, Statin, Ambien CR, and Singulair will be implemented on September 1<sup>st</sup>, 2009.**

1. Members who have current prescriptions for one of the above drugs, who have NOT tried any of the alternate brand or generic versions of the drug, will be allowed to obtain refills for that drug.
2. Members who have a **new** prescription for one of the brand drugs named above to be filled after September 1<sup>st</sup>, 2009 will not be allowed to purchase the non-preferred prescription through the pharmacy plan until they have tried one of the alternate drugs recommended; or have their doctor complete a "Prior Authorization Form" explaining why the member cannot use one of the recommended alternatives. This prior authorization form may be obtained by calling EnvisionRX Options help desk at 1-800-361-4542.

### **Statin Step Therapy**

Members will not be able to fill a new prescription for Lipitor, Lescol, Lescol XL, Crestor and Vytorin unless they have tried and failed any one of the following preferred medications: Simvastatin, Lovastatin, Pravastatin,

### **Ambien CR Step Therapy**

Members will not be allowed to fill a new prescription for Ambien CR unless they have tried and failed generic Ambien (Zolpidem).

### **Singulair Step Therapy**

Members will not be allowed to fill a new prescription for Singulair unless they have tried and failed a non sedating antihistamine such as Claritin OTC, Zyrtec, Clarinex, or Fexofenadine.

### **Bisphosphonate**

Members will not be allowed to fill a new prescription for Actonel, Fosamax or Boniva unless they have tried and failed Alendronate (Generic Fosamax)

## **MANDATORY MAIL ORDER**

**Effective September 1, 2009, maintenance medications, or those taken on a regular month-to-month basis, *must* be filled at IPS Mail Order Pharmacy after two fills at a retail pharmacy. Starting September 1<sup>st</sup>, you may obtain your first fill plus one refill at a retail pharmacy then you must place your third fill at the 90-day mail order pharmacy.** You will need to obtain a new prescription from your physician for these medications. You will find that this will benefit you by not having to make a trip to the pharmacy every month and will cost you less! Please feel free to call our toll-free Customer Service at 1-800-361-4542 if you have any questions regarding this mail order policy. Also, please refer to the enclosed IPS Mail Service brochure.

### **You must enroll with IPS BEFORE submitting a Mail Order Prescription**

- **By Mail:** Complete both the Confidential Patient Profile and Enrollment form (include payment method – check, money order, credit card – VS, MC, Disc), include your original 90-day prescription(s) and send all to IPS in the postage-paid envelope that is attached to the brochure.
- **Online:** Visit [www.ipsrx.com](http://www.ipsrx.com) and click on "Patient Info" tab. Pull down and select "New Enrollment", complete and click on "Submit" tab. Either mail the original prescription(s) or have your physician FAX your prescription(s) to IPS' FAX #800-893-2299. *IPS cannot accept prescriptions via facsimile directly from you.*

Mail order will take approximately 10-14 days to process, so contact your physician as soon as possible to ensure adequate time for your new prescription(s) to process. If you need a maintenance medication right away, have your doctor complete two prescriptions – one that can be filled immediately at your retail pharmacy for a 30-day supply, and the other can then be submitted to IPS Mail Order Pharmacy. If you have any other questions about the IPS Mail Order Pharmacy, please contact IPS Customer Service at 1-800-233-3872 (**identify yourself as a Plumbers and PipeFitters Local 396 member as well as part of Envision/Rx Options**) or Envision/Rx Options Helpdesk at 1-800-361-4542.

If you have any questions please do not hesitate to contact the Envision help desk at 1-800-361-4542.

Sincerely,

Envision/Rx Options, Inc. and Plumbers and Pipefitters Local 396 Fund