

Mahoning & Trumbull County Building Trades Insurance Fund

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* IMPORTANT BENEFIT CHANGE INFORMATION *

August 8, 2008

Dear Mahoning & Trumbull County Building Trades Insurance Fund Member

This letter is to inform you of the changes **EFFECTIVE SEPTEMBER 1, 2008**, to your Mahoning & Trumbull County Building Trades Insurance Fund prescription plan.

QUANTITY LIMITS

Beginning on September 1, 2008 Mahoning & Trumbull County Building Trades Insurance Fund will impose 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 EnvisionRX 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

Brand Drug Name	Generic Drug Name	Retail quantity	Mailorder Quantity
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	Fomoterol 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)
Imitrex 6mg/0.5ml Injectable Vial	Sumatriptan	5 vials (5 doses) 2.5ml	15 vials
Imitrex NS 20mg/6ml	Sumatriptan	1 bx (6 doses) 6ml	3 boxes (18ml)
Imitrex NS 5mg	Sumatriptan	3 bx (18 doses) 18ml	6 bx (54 doses) 54ml
Intal Inhaler 9gm	Cromolyn Sodium	18 gm (2 inh)	54 gm (6 inh)
Intal Inhaler 15gm	Cromolyn Sodium	14 gm (1inh)	42 gm (3 inh)
Kytril 1mg tab	Granisetron	21 tabs	63 tabs
Kytril 2mg/10ml soln	Granisetron	30 ml	90 ml
Levitra Tabs	Vardenafil	6 tabs	18 tabs
Maxair Autoinhaler 14gm	Pirbuterol	28 gm (2 inh)	84 gm (6 inh)
Maxalt 5mg tab	Rizatriptan	9 tabs	27 tabs
Maxalt 5mg MLT	Rizatriptan	9 tabs	27 tabs
Maxalt 10mg tab	Rizatriptan	9 tabs	27 tabs
Maxalt 10mgMLT	Rizatriptan	9 tabs	27 tabs
Oxycontin	Oxycodone - sustained release	60 tabs	180 tabs
Percocet 5/325 mg tab	Oxycodone w/ Acetaminophen Tab	360 tabs	1080 tabs
Percocet 7.5/500 mg tab	Oxycodone w/ Acetaminophen Tab	240 tabs	720 tabs
Percocet 10/650 mg tab	Oxycodone w/ Acetaminophen Tab	180 tabs	540 tabs
ProAir HFA	Albuterol Sulfate Inhal Aero	17 gm (2 inh)	51 gm (6 inh)
Proventil HFA	Albuterol Sulfate Inhal Aero	20 gm (3 inh)	60 gm (9 inh)
Proventil/Ventolin Inh/17ml & 17ml Refill	Albuterol	34 ml (2 inh)	102 ml (6 inh)
Pulmicort Turbinaler Pwd 200mcg	Budesonide	2 inh	6 inh
Pulmozyme	Dornase Alfa Inhal Soln	2 boxes (150 units)	6 boxes (450 units)
QVAR	Budesonide	18 gm (2 inh)	54 gm (6 inh)
Relpax 20mg tabs	Eletriptan	9 tabs	27 tabs
Relpax 40mg tabs	Eletriptan	9 tabs	27 tabs
Serevent diskus 50mcg	Salmeterol	60 blisters	180 blisters
Tilade	Nedocromil Sodium Inhal Aerosol	49 gm (3 inh)	146 gm (9 inh)
Tobi	Tobramycin Nebu Soln	280 ml(56 amps)	840 ml(168 amps)
Ventolin HFA	Albuterol Sulfate Inhal Aero	36 gm (2 inh)	108 gm (6 inh)
Viagra Tabs	Sildenafil	6 tabs	18 tabs
Vicodin 5/500 mg tab	Hydrocodone-Acetaminophen Tab	240 tabs	720 tabs
Vicodin ES 7.5/750 mg tab	Hydrocodone-Acetaminophen Tab	150 tabs	450 tabs
Vicodin HP 10/660 mg tab	Hydrocodone-Acetaminophen Tab	180 tabs	540 tabs
Zomig 2.5mg Tabs/ZMT	Zolmitriptan	9 tabs	27 tabs
Zomig 5mg Tabs/ZMT	Zolmitriptan	9 tabs	27 tabs
Zomig Nasal Spray 5mg	Zolmitriptan	6 units (1 pak)	18 units (3 paks)
Zofran 24mg tab	Ondansetron	21 tabs	63 tabs
Zofran ODT 4 & 8 mg tab	Ondansetron	21 tabs	63 tabs
Zofran 4 & 8 mg tab	Ondansetron	21 tabs	63 tabs
Zofran 4mg/5ml soln	Ondansetron	50 ml	150 ml

Brand Drug Name	Generic Drug Name	Retail quantity	Mailorder Quantity
		Maximum Per Year	
Lamisil 250mg tabs	Terbinafine	90 tabs per year	
Lotronex 1mg tabs	Alosetron	84 tabs per year	
Sporanox 100mg	Itraconazole	240 per year	
		Maximum per 5 Days	
Relenza	Zanamivir	5 days therapy (20 gm)	
Toradol	Ketorolac Tromethamine	20 tabs	
Tamiflu	Oseltamivir	10 caps	

Step Therapy for the following non-preferred drugs: Vytorin, Ambien CR, and Singulair will be implemented on September 1, 2008.

1. Members who have current prescriptions for one of the above drugs, who have also tried and failed one of the alternate brand or generic versions of the drug (with a record of that in Envision's prescription history) may continue to use the non-preferred brand drug without any interruption.
2. 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 through 12-31-2008. As of **January 1, 2009**, the member will not be allowed to purchase the non-preferred drug through the pharmacy plan until they have tried one of the alternate drugs recommended; or have their doctor issue a "Letter of Medical Necessity" explaining why the member cannot use one of the recommended alternatives, and submit it to EnvisionRx Options. The letter may be faxed to EnvisionRX Options at 330-405-8081.
3. Members who have a new prescription for one of the brand drugs named above to be filled after **September 1, 2008**, 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 issue a "Letter of Medical Necessity" explaining why the member cannot use one of the recommended alternatives. The letter may be faxed to EnvisionRX Options at 330-405-8081.

Vytorin Step Therapy

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

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.

McKesson Specialty Pharmacy

There are certain medications that provide complex and costly therapies that require special storage and handling requirements. These include costly injectable therapies and select chemotherapeutic therapies. Many times these medications are not available at your local drug store. Envision/Rx Options offers a specialty drug program provider,

McKesson Specialty Pharmacy, to provide these medications. These medications are shipped directly to your house or location of choice and McKesson Specialty Pharmacy will call you when it is time for a refill.

If you are taking a specialty medication, you will be able to obtain your first fill from a retail pharmacy. After that, all fills must go through McKesson Specialty Pharmacy. Please see below for instructions on how to place your first order with McKesson Specialty Pharmacy.

To place your first order with McKesson Specialty Pharmacy, simply give them a call. You can reach McKesson Specialty Pharmacy toll-free at 1-888-456-7274. A McKesson Specialty Customer Service specialist is available Monday - Friday 7am - 7pm CST, and Saturday from 9am - 1pm CST. A representative will ask you for your insurance, physician information, and delivery instructions. **When calling McKesson Pharmacy, please identify yourself as a Mahoning & Trumbull County Building Trades Insurance Fund member and Envision Rx Options as your pharmacy benefits administrator.** Then they will contact your doctor to verify your prescription, ensuring that you will receive your next prescription exactly when you need to. If your prescription has been filled at a pharmacy, please have your pharmacy information available so McKesson Specialty Pharmacy can contact your pharmacy to transfer your prescription to McKesson.

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

Sincerely,

BOARD OF TRUSTEES
Mahoning & Trumbull County
Building Trades Insurance Fund