

# Carpenters' Health and Welfare

## Prescription Drug Program

Effective January 1, 2010



### RETAIL PRESCRIPTION DRUG CARD PROGRAM

Participating retail pharmacies will provide up to a 30-day supply of covered prescription drugs, regardless of the provider who writes your prescription. You will pay a low co-insurance for generic drugs or a slightly higher co-insurance for single-source brand name drugs. In rare circumstances, your physician may determine that a generic drug is not medically appropriate for you. In this situation, your physician must submit proof of medical necessity for the multi-source brand name drug to the retail PBM (Pharmacy Benefit Manager) for authorization. If approved, you may receive the multi-source brand name drug for the single-source brand name co-payment.

### MAIL-ORDER PRESCRIPTION PROGRAM

You should use the mail-order program for maintenance prescription drugs. Maintenance drugs include those you take for periods of 30 days or longer for chronic health conditions, such as diabetes, asthma, arthritis, high blood pressure and heart disease.

However, when prescribed a new medication or a different dosage of a current medication, you must make sure the medication is right for you. Before obtaining a 90-day supply, you must get a 30-day supply to try first. Once you know the new medication works for you and will be taken on an ongoing basis, you may order your prescription through the mail and obtain a 90-day supply.

To use the mail-order program, you need to complete a mail-order form and send it, together with your original prescription (for up to a 90-day supply) and your co-payment (contact your mail-order prescription provider for correct dollar amount) to the address printed on the form. You should allow 14 days from the date that you mail your order for delivery. The form explains how to pay by credit card. Claim forms are available from the Carpenters' Benefit Fund Office or on-line at [www.carpdc.org](http://www.carpdc.org) under Benefit Services.

In rare circumstances, your physician may determine that a generic drug is not medically appropriate for you. In this situation, your physician must submit proof of medical necessity (why the generic form is unacceptable) for the multi-source brand name drug to the retail PBM for authorization. The retail PBM will notify the mail-order PBM of the determination. If approved, you may receive the multi-source brand name drug for the single-source brand name co-payment.

You may contact the mail-order pharmacy at the number shown on the form to check on your order, to verify the correct co-payment for your prescription drug, and to answer any other questions you may have regarding the program or you may log-on to Medco's website at [www.medco.com](http://www.medco.com).

### Prescription Drug Co-Payments

<b>You Receive:</b>	<b>You Pay: Retail</b>	<b>You Pay: Mail</b>
Generic Drug	20%	20%
Brand Name Drug	35%	35%
Maximum Co-pay Per Script – Generic	\$50 (30 day supply)	\$100 (90 day supply)
Maximum Co-pay Per Script - Brand Name	\$75 (30 day supply)	\$150 (90 day supply)
Annual Family Out-of-Pocket Maximum	\$2,500 Combined	
Days Supply	Up to 90	Up to 90

### COVERED DRUGS FOR THE RETAIL AND MAIL-ORDER PRESCRIPTION DRUG PROGRAMS

Covered drugs include the following:

- Drugs requiring a prescription under applicable Federal and State law;
- Compound medications when at least one ingredient requires a legal prescription;
- Injectable insulin
- insulin syringes and test strip are processed as generic with 20% co-insurance
- Oral contraceptives; and

- Prenatal vitamins.

Please keep in mind that dispensing limits may apply to your prescription, and prior authorization is required for certain medications. To learn whether your prescription requires prior authorization and/or to request prior authorization, you may contact either the retail PBM at the telephone number shown on your ID card or the Fund Office.

### **EXCLUDED DRUGS FOR THE RETAIL AND MAIL-ORDER PRESCRIPTION DRUG PROGRAMS**

The Plan does not provide any benefits under either the retail or mail order prescription programs for the following:

- Therapeutic devices or appliances, support garments and other non-medical substances.
- Drugs intended for use in a physician's office.
- Medications available over the counter.
- Immunization agents, biological serum, vaccines, biologicals.
- Implantable time-released medication (i.e., Norplant).
- Experimental or investigative drugs, including compounded medications for non-FDA approved use (see definition of "experimental or investigative" in Appendix D).
- Drugs you are eligible to receive without charge under any workers' compensation law, or any municipal, state or federal program.
- Rogaine, Renova or Propecia or any other medication for the treatment of hair loss.
- Zyban and other smoking cessation agents, including gum, patches and nasal spray including Nicorette, Habitrol, Nicoderm, Nicotrol, ProStep, etc., unless provided through the Carpenters' smoking cessation program (QuitNet).
- Weight loss medications including Meridia.
- Tri-Vi-Flor and other pediatric vitamins containing fluoride.
- Any dental products, including fluoride preparations and rinses such as Luride and Phos-Flur.
- Drugs used to enhance or improve fertility.
- Growth hormones, unless prior authorization is obtained.
- Anabolic steroids, including Anadrol, Oxandrin, and Winstrol.
- Any drugs that are not listed as covered.

**Please Note:** The exclusions and limitations set out above in this chapter apply to prescription drugs.