

United Food and Commercial Workers Union Local 1529 and Employers Health and Welfare Plan and Trust

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MEMO:

To: All Eligible Participants of UFCW Local 1529 and Employers Health and Welfare Plan and Trust

Subject: Important Changes to your Prescription Drug Program

Effective September 1, 2006 there will be some changes to your drug card program. These changes are designed to better monitor your use of prescribed medications, and to maximize the way you utilize your annual drug card benefit. Additionally, these programs are designed to help ensure the safe and effective use of medications. Should you have any questions as to these changes feel free to contact the customer service department of NMHC, 1-800-227-7269.

Specifically, the changes include the implementation of NMHC standard dosing guidelines applied to certain medications and applying Prior Authorization criteria to other medications. NMHC has developed these guidelines and criteria based on the manufacturers' recommended guidelines and information from the Food and Drug Administration (FDA), with input, review, and approval from the NMHC National Pharmacy and Therapeutics Committee. **These changes become effective September 1, 2006.**

Listed below are the drugs/drug categories impacted by these changes.

Dosing Guidelines

NMHC has developed specific dosing guidelines based on manufacturer recommendations and FDA recommended dosage to ensure safe and effective use of these medications. As mentioned previously, NMHC's National Pharmacy and Therapeutics Committee has also reviewed and endorsed these recommendations. The tables below identify the drugs impacted by these guidelines.

Analgesics	Dispensing Limit per Rx
Toradol (ketorolac)	20 tablets per 5 days
Stadol (butorphanol) Nasal Spray	2 bottles per 30 days
Duragesic (fentanyl) Patches	10 patches per 30 days
Sedatives	Dispensing Limit
* Ambien, Ambien CR, Lunesta, and Sonata	15 tablets per 30 days (max. of 1 Rx/month)

* **PLEASE NOTE:** Only a **30 day supply** will be allowed through the mail order pharmacy for Ambien, Sonata, the anti-emetics, and the migraine agents.

* Anti-Emetics	30-day Limit **
Anzemet	5 tablets
Kytril	10 tablets
Zofran 4mg, 8mg and ODT	15 tablets
Zofran 24mg	5 tablets
Emend Pak	12 tablets
Emend 80mg	8 tablets
Emend 125mg	4 tablets
Marinol	60 capsules

* Migraine Medications	30-day Limit **
Amerge	9 tablets
Axert	12 tablets
Frova	9 tablets
Imitrex Tablets	9 tablets
Imitrex Nasal Spray	2 packages
Maxalt	12 tablets
Relpax	6 tablets
Zomig	6 tablets
Migranal Nasal Spray	8 kits

Diabetic Supplies	Dispensing Limit per Rx
Insulin Needles/Syringes	100 syringes/30 days
Test Strips	153 strips per 30 days

****PLEASE NOTE:** A prior authorization alternative exists when quantities greater than the established dosing guidelines are requested for the anti-emetics, migraine agents and Lunesta.

Although NMHC has provided program descriptions and dosing guidelines in the tables identified on page 1, it is still important to talk with your doctor before making any changes in the way you take your medication. Should you have any questions, please contact NMHCRx customer service help desk at 1-800-227-7269.

Prior Authorizations

The prior authorization program is designed to ensure the safe and effective use of the medications listed below by working with your doctor in determining if you meet the FDA- approved guidelines for using these medications. If you are currently taking a medication listed on the table below, or receive a prescription for a medication that requires a prior authorization, either you, your physician or your pharmacist can begin the prior authorization process. A call will need to be made to NMHC Rx customer service help desk (**1-800-227-7269**). Once the call is placed, the prior authorization team will send your doctor the specific criteria form for that medication that will need to be completed and returned to NMHCRX via fax. Based on the information that is provided, a determination will be made as to whether or not you have met the approval criteria. Once the determination has been made, your physician will be notified.

Drug Description	Medications Affected by Prior Authorization
Anti-Inflammatory Agents	Celebrex in doses greater than 200mg per day
Irritable Bowel Syndrome Therapies	Zelnorm, Lotronex
Oral Antifungal Agents	Lamisil, Sporanox (itraconazole)
Stimulant	Provigil

Should you have any questions about any of these changes, please contact NMHCRX Customer service help desk at 1-800-227-7269.