

Medications with Limitations or Restrictions

Teamsters Rx Pharmacy Plan for Local 1150		Revised 11/17/2009
Benefit Design <u>MANDATORY GENERIC PLAN</u>		
Retail <u>LIMITED TO ORIGINAL FILL AND 2 REFILLS THEN MANDATORY MAIL-ORDER</u>		
Rx limited to 30 day supply maximum or 100 doses whichever is less		
Generic Medication - SEE DETAILED CO-PAY STRUCTURE CHART		
Brand Medication - SEE DETAILED CO-PAY STRUCTURE CHART		
Brand name product (when generic is available) \$ 20 co-pay plus the difference in the cost of the brand and the generic		
<i>Exception To Mandatory Mail-order Rule : When physician mandates brand and generic is available patient may continue to receive at a retail pharmacy, past the 3 fill limit (original plus 2 refills) by paying brand co-pay plus the difference between the cost of the generic and brand</i>		
Mail-order <u>MANDATORY AFTER 1 FILL AND 2 REFILLS</u> of any maintenance drug		
Generic Medication - SEE DETAILED CO-PAY STRUCTURE CHART		
Brand Medication - SEE DETAILED CO-PAY STRUCTURE CHART		
Available through the Teamsters Rx pharmacy		
90 day supply maximum (some legal restrictions Class II and III limited to 30 days, some medications such as Amrix limited to 3 weeks supply, etc), refillable after 75% utilization		
Brand name products dispensed only when a generic is not available.		
Prescriptions refillable if indicated by prescriber and within one year of being written		
Prescription accepted from prescribers via telephone, fax, written or e-prescribed.		
New prescriptions accepted from patients via mail only. Prescriptions may not be faxed by patients.		
Patient enrollment with Teamsters Rx mail-order pharmacy		
Patient profile form is required listing name, delivery address, DOB, allergies and medical condition		
Credit Card/Debit Card Form to cover co-payments. Co-payments must be made prior to shipment		
Standard exclusions		
No coverage for over the counter products except insulin and insulin syringes.		
Diabetic test strips and lancets covered only through mail-order		
No coverage for prescription versions of over the counter medications (ex. Zyrtec)		
No benefit for drugs subject to "Plan Exclusions"		
No coverage for infertility		
No coverage for weight loss medication		
No benefit for Smoking cessation drugs		
No benefit for lost / stolen / spilled medications		
No benefit for Prescriptions payable under a Workers' Compensation law or other related law or statute		
No benefit Drugs or medicines available without a physician's prescription		
No benefit for refills beyond the prescribed limit or one years from date written		
Drugs dispersed in a hospital, physician's office, nursing home or other approved facility are not covered		
No benefit for hair loss or drugs for cosmetic use		
No benefit for Biological sera		
No benefit for Experimental drugs or experimental use of approved drugs		
Prior Approval - Request are processed through Teamsters Rx		

Medications with Limitations or Restrictions

Drug Class & Drugs	Retail Max 30 days supply or 100 units whichever is less	Mail Order 90 days supply (some State limits apply)
Anticonvulsants		
Neurontin (Gabapentin)	3600mg per day	3600mg per day
Antihistamines non-sedating		
Allegra (fexofenadine)	Not covered	Not covered
Allegra-D	Not covered	Not covered
Clarinet* & Clarinet-D	Not covered	Not covered
Claritin (Loratidine available OTC)	Not covered	Not covered
XYZal	Not covered	Not covered
Zyrtec & Zyrtec-D	Not covered (available OTC)	Not covered (available OTC)
Anti-depressants		
Pexeva	Not covered	Not covered
Prozac Weekly (fluoxetine)	Not covered	Not covered
Sarafem (fluoxetine)	Not covered	Not covered
Zoloft	max dose 200mg per day	max dose 200mg per day
Anti-emetics		
Aloxi 0.25mg/5ml injection	5ml per rx	Same as retail
Anzemet 50mg tab	10 tablets per 25 days	Same as retail
Anzemet 100mg tab	5 tablets per 25 days	Same as retail
Anzemet Injection 20mg/ml	5ml/Rx	Same as retail
Kytril 1mg tablets	6 tablets per 25 days	Same as retail
Kytril 1mg/ml injection	1ml per rx	Same as retail
Kytril Oral soln	30ml per 25 days	Same as retail
Marinol capsules	60 per 25 days (2.5mg, 5mg, 10mg)	Same as retail
Zofran 24mg tablets	1 tablet per rx	Same as retail
Zofran 4mg & 8mg tab/ODT	9 tablets per rx	Same as retail
Zofran oral solution	90ml per rx	Same as retail
Zofran 2mg/ml injection	20ml per rx	Same as retail
Zofran 32mg/50ml IV premix	50ml per rx (1 dose)	Same as retail
Anti-infectives		
Diflucan 150 mg tablets (fluconazole)	2 tablets/25 days	Same as retail
Anti-obesity, Anorexic		
Meridia, Xenical	Not covered	Not covered
Phentermine, Tenuate	Not covered	Not covered
Anti-Virals		
	Coverage Limited thru 5/31/2010	
Relenza	10 per 5 days \$50 Copay	Not covered
Tamiflu	10 per 5 days \$50 Copay	Not covered

Medications with Limitations or Restrictions

Drug Class & Drugs	Retail Max 30 days supply or 100 units whichever is less	Mail Order 90 days supply (some State limits apply)
Attention Deficient Disorder & ADHD		
Adderall, Ritalin (Methylphenidate)	Covered	Legal limit of 60 days supply; Dr must write diagnosis on face of Rx
Concerta	Covered	
Daytrana (Methylphenidate Patch)	Not covered	Not covered
Vyvanse	Not covered	Not covered
Beta-2 Agonists		
Albuterol Solution 0.083%	120 units (2x60 boxes)	360 units
Albuterol Solution 0.5%	1x20ml bottle	3x20ml bottle
Albuterol, Ventolin, Proventil, Proventil HFA,	1 inhaler per 25 days	4 inhalers (generic only)
Foradil	60 units (1 box)	180 units (3 boxes)
Maxair Autohaler	2 inhalers	4 inhalers
Serevent diskus	60 doses (1 unit)	180 doses (3 units)
Birth control		
Birth Control Pills	Covered	Covered
Depo- Provera	Not covered	Covered
Nuvaring	Not covered	Covered
Ortho Evra patch	Not covered	Not covered
Plan B (emergency)	Covered for <18 yrs old Not covered for >18 yrs old OTC	Not covered
Seasonale -*(only avail as 3 month pkg)	Not covered	Covered
Seasonique -*(only avail as 3 month pkg)	Not covered	Covered
Bisphosphonates		
Actonel	Not covered	Not covered
Boniva	Not covered	Not covered
Fosamax (Alendronate)	Covered	Covered
Fosamax Plus D	Not covered	Not covered
Corticosteroid & Beta-2 Agonist Combination		
Advair Diskus	1x60 unit	3 units
Duoneb	120 units (2x60 boxes)	360 units
Combivent	1 inhaler	3 inhalers
Cosmetic agents		
Accutane-Isotretinoin	Covered (I-pledge program)	Not covered
Botox (possible cosmetic use)	Prior Auth required	Prior Auth required
Lustra, Propecia, Renova, Vaniqua	Not covered	Not covered
Erectile Dysfunction		
	Per Class	Per Class
Caverject, Edex, Muse	1 box per 25 days	3 boxes
Cialis, Levitra, Viagra	6 tablets per 25 days	18 tablets

Medications with Limitations or Restrictions

Drug Class & Drugs	Retail Max 30 days supply or 100 units whichever is less	Mail Order 90 days supply (some State limits apply)
Fertility		
	Not covered	Not covered
Hypercholesterolemia		
Advicor	Not covered	Not covered
Lipitor	Covered	Covered
Lipitor Tablet Splitting Program	Not available	Lipitor 20mg #45 tablets take 1/2 tablet (10mg/dose) <u>generic copay</u> Lipitor 40mg #45 tablets take 1/2 tablet (20mg/dose) <u>generic copay</u> Lipitor 80mg #45 tablets take 1/2 tablet (40mg/dose) <u>generic copay</u>
Niaspan (niacin is available OTC)	Not covered	Not covered
Omacor-Omega 3, Lovaza	Not covered	Not covered
Simcor	Not covered	Not covered
Inhaled Corticosteroids		
Aerobid, Aerobid-M	3 inhalers	8 inhalers
Azmacort (240 puffs/unit max dose 4 puffs 2x/dy)	1 inhaler	3 inhalers
Flovent (120 puffs/unit)	1 inhaler	3 inhalers
Flovent Diskus	2 units	4 units
Pulmicort Turbuhaler	1 inhaler	3 inhalers
Pulmicort Respules	60 units (2 boxes)	180 units (6 boxes)
Qvar	2 inhalers	same dosage
Injectables-allow one fill per co-pay, no day supply limitation		
Epi-Pen	1 kit / per co-pay	3 pen kits / per co-pay
Glucagon Kit	1 kit / per co-pay	3 kits / per co-pay
Mast Cell Stabilizers & Anticholinergics		
Atrovent	1 inhaler	4 inhalers -- allow 100ds
Atrovent solution	4x 25 units	12 x 25 units
Intal inhaler	1 inhaler	3 inhalers
Intal solution	120 units (2 boxes)	360 units
Spiriva	1 unit (30 doses)	3 units (90 doses)
Migraine		
Amerge 1mg & 2.5mg tablet	9 tablets per 25 days	27 tablets
Axert 6.25mg & 12.5mg tablet	6 tablets per 25 days	18 tablets
Frova 2.5 mg tablets	9 tablets per 25 days	27 tablets
Imitrex injection kits	2 kits (4 inj) per 25 days	6 kits (12 injections)
Imitrex injection vials	4 vials (4 inj) per 25 days	12 vials

Medications with Limitations or Restrictions

Drug Class & Drugs	Retail Max 30 days supply or 100 units whichever is less	Mail Order 90 days supply (some State limits apply)
Migraine (continued)		
Imitrex NS 5mg	12 units (2 pkgs) per 25 days	36 units
Imitrex NS 20mg	6 units (1 pkg) per 25 days	18 units
Imitrex tablets	9 tablets per 25 days (25mg, 50mg, 100mg)	27 tablets
Maxalt & Maxalt MLT 5mg & 10mg tablet	8 tablets per 25 days	24 tablets
Migranal NS	1 unit (4ml) per 25 days	3 units
Relpax 20mg & 40mg tablets	6 tablets per 25 days	18 tablets
Treximet	Not covered	Not covered
Zomig & Zomig ZMT 2.5mg & 5mg tablet	6 tablets per 25 days	18 tablets
Zomig Nasal Spray	1 unit (6 doses)	3 units (18 doses)
Miscellaneous		
Amrix	21 tablets per Rx	21 per 90 days
Diabetic Testing Strips & Lancets	Not covered	Covered
Fluoride	Covered	Covered
Growth Hormone	Prior Auth required	Prior Auth required
Lovenox	1 box = 10 syringes	1 box = 10 syringes
Nuvigil	Not covered	Not covered
Ranitidine 150mg -OTC	Not covered	Not covered
Nasal Inhalers		
Astelin	1 unit	3 units
Beconase AQ	1 unit	3 units
Flonase	1 unit	3 units
Nasacort AQ	1 unit	3 units
Nasarel / flunisolide	1 unit	3 units
Nasonex	1 unit	3 units
Rhinocort Aqua	1 unit	3 units
Tri-Nasal	1 unit	3 units
Pain-Analgesics		
Duragesic	10 patches	Same as retail
Flector Patch 1.3%	Not covered	Not covered
Solaraze	Not covered	Not covered
Stadol NS	1 bottle	Same as retail
Ultracet tablets	5 days supply	Same as retail
Voltaren Gel	Not covered	Not covered
PPI'S / GERD / Acid Reflux		
Aciphex, Protonix, Prevacid	30 days with 1 refill,	Not covered
Kapidex	Not covered	Not covered

Medications with Limitations or Restrictions

Drug Class & Drugs	Retail Max 30 days supply or 100 units whichever is less	Mail Order 90 days supply (some State limits apply)
PPI'S / GERD / Acid Reflux (continued)		
Nexium	Prior Auth (see criteria below)	Not covered
Omeprazole 20mg (generic Prilosec)	Not covered (available OTC)	Covered
Prilosec (brand name)	Not covered	Not covered
ZEGRID (omeprazole+sod.bicarb)	Not covered	Not covered
Sleeping medications		
	Per Class	Per Class
Ambien and Ambien CR	10 doses	30 doses
Dalmane (flurazepam)	10 doses	30 doses
Halcion (triazolam)	10 doses	30 doses
Lunesta	10 doses	30 doses
ProSom (estazolam)	10 doses	30 doses
Restoril (temazepam)	10 doses	30 doses
Rozerem	10 doses	30 doses
Sonata	10 doses	30 doses
Smoking Cessation		
Chantix	Not covered	Not covered
Zyban	Not covered	Not covered
Substance Abuse Aides - limited to 30 days supply and Prior authorization required for each refill		
Campral	Prior Auth required	Not covered
Naltrexone	Prior Auth required	Not covered
Suboxone, Subutex	Prior Auth required	Not covered
Vitamins		
Coenzyme10 - OTC (food supplement)	Not covered	Not covered
Encora (vitamin supplement)	Not covered	Not covered
Limbrel (medical food)	Not covered	Not covered
Metanx (medical food)	Not covered	Not covered
Ostiva (vitamin supplement)	Not covered	Not covered
Repliva (iron vitamin supplement)	Not covered	Not covered
Nexium is covered only for limited disease states and only after testing for H. Pylori infection and, if the H. Pylori test is negative, only after an endoscopy is preformed. Supporting documentation must accompany Prior Authorization (Max therapy is 2 months)		
Note: All medications subject to FDA / Manufacturer's limitations & guidelines for dosing.		
If medication is higher than recommended-prescription will be subject to medical review.		
OTC - over the counter medications (available without prescription) are not covered		
list subject to change		