

July 2016

Dear Orange-Ulster School Districts Health Plan member:

Your prescription drug benefit will be administered by EnvisionRxOptions. EnvisionRxOptions has been providing pharmacy benefit management services nationally since 2001. Additional information about EnvisionRxOptions and your prescription benefit can be found by registering at www.envisionrx.com. The following information is an overview of the Orange-Ulster School District Health Plan (OUSDHP) prescription drug benefit being administered by EnvisionRxOptions.

You will be receiving your new health benefit plan ID card from INDECS Corporation. Should you find any errors on your card, please contact INDECS Corporation at 1-888-446-3327.

Your prescription drug benefit features a formulary drug list. A formulary is a list of preferred medications organized into groups or "Tiers". Enclosed is a pocket formulary which lists the most frequently prescribed medications. Please review the formulary and contact the EnvisionRxOptions Help Desk to confirm if your medication(s) is preferred or non-preferred under EnvisionRxOptions. For a full formulary listing please visit www.envisionrx.com.

Retail & Specialty Prescriptions – 30 Day Supply				Mail Order Prescriptions - 90 Day Supply		
	Tier 1 Generic	Tier 2 Preferred Brand- Formulary Brand	Tier 3 Non-preferred Non-Formulary Brand	Tier 1 Generic	Tier 2 Preferred Brand- Formulary Brand	Tier 3 Non-preferred Non-Formulary Brand
Copay	\$5.00	\$25.00	\$50.00	\$7.50	\$37.50	\$75.00

Copays, the portion of the drug cost that you are responsible to pay, currently remain the same and are listed in the table above.

Your benefit plan may have certain restrictions regarding refills. Please refer to the Summary Benefit Plan provided by your plan or contact your Plan Administrator, INDECS Corporation at 1-888-446-3327. You may also call the EnvisionRxOptions Help Desk at 1-800-361-4542.

To access our Pharmacy Locator, please visit www.envisionrx.com. You may also call the EnvisionRxOptions Help Desk at 1-800-361-4542 to see if your pharmacy is in the network.

EnvisionPharmacies

As a valued client of EnvisionRx, we are pleased to provide mail order services through, EnvisionPharmacies, located in North Canton, Ohio. Mail order is an excellent way to receive prescriptions you will be taking for a long time with no worries about availability of supply at the local pharmacy.

Please refer to the enclosed EnvisionPharmacies Brochure for instructions on how to use EnvisionMail. **To get started you will need to obtain a 90 Day supply prescription from your physician.** You also must **REGISTER** your member information with EnvisionMail.

You may use any of the following 3 easy registration options:

1. **Online: (Recommended method)** Visit envisionpharmacies.com and select **Not registered? Click here to register.** Your account will activate within 24 hours. By registering online, you can also track the progress of your orders.

2. **Phone:** Call EnvisionPharmacies Customer Service at 1-866-909-5170 to speak with a representative.
3. **Mail:** Complete the Registration and Prescription Order Form enclosed in this packet.

Once registered, you may mail the original 90 day supply prescription(s) with the enclosed brochure or your physician can fax your prescription(s) to EnvisionMail at 1-866-909-5171. Please be sure that your prescriber includes your date of birth and contact information on the fax. Only faxes sent from a physician's office will be valid.

Envision Specialty Pharmacy

As a valued client of EnvisionRxOptions, for members requiring Specialty medication, we are pleased to provide specialty medication services through our affiliate company, Envision Specialty Pharmacy, located in North Canton, Ohio. What this means is that you and your family will receive the personalized care and expertise of Envision Specialty Pharmacy's dedicated pharmacists, which is essential to successful therapy. Envision Specialty Pharmacy goes beyond traditional retail pharmacy, helping you get the most from your specialty medication therapy.

Because specialty medications can be more difficult to manage, Envision Specialty Pharmacy offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy
- Convenient delivery to your home or prescriber's office
- Easy access to a Care Team who can answer medication questions, provide educational materials about your condition, help you manage any potential medication side effects, and provide confidential support—all with one toll-free phone call.

You will be required to use Envision Specialty Pharmacy for all of your specialty medication needs. If you have any questions, or to begin taking advantage of these complimentary patient support services, please call Orchard Specialty Pharmacy toll free at 1-877-437-9012.

Step Therapies

What is a step therapy?

A step therapy program is designed specifically for patients with certain conditions that require taking medications regularly. It is the practice of beginning medication therapy for a medical condition with the most cost-effective medication and progressing to other more costly therapy(s) should the initial medication not provide adequate therapeutic benefit. The step therapy approach to care is a way to provide you with savings without compromising your quality of care.

How does the program work?

In step therapy, medications are grouped into categories.

- Step 1 – First Line medications – medications proven safe, effective, and affordable.
- Step 2 – Second Line medications – mostly higher costing brand name medications

You will first try a recognized First Line medication (Step 1) before approval of a more costly and complex therapy is approved (Step 2). If the Step 1 therapy does not provide you with the therapeutic benefit desired, your physician may write a prescription for a Step 2 medication.

Step Therapy	2nd Step Medication List	Criteria
Hepatitis C	Intron-A, Infergen	Must try and fail Pegasys or Peg-Intron before coverage
Red Blood Cell Formation	Aranesp, Epogen	Must try and fail Procrit before Aranesp or Epogen
Fertility	Bravelle, Gonal-F	Must try and fail Follistim/AQ prior to use of a secondary product
Growth Hormones	Humatrope, Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Must try and fail Genotropin or Norditropin prior to use of a secondary product
Multiple Sclerosis	Aubagio, Betaseron, Extavia, Gilenya, Rebif	Must try and fail Avonex, Copaxone, or Tecfidera prior to use of a secondary product
Rheumatoid Arthritis	Stelara, Simponi, Cimzia, Xeljanz, Actemra, Orencia, Kineret	Must try and fail Enbrel and Humira prior to use of a secondary product
ADD/ADHD	Daytrana, Focalin XR, Quillivant, Ritalin LA	Must try Vyvanse and a generic ADD/ADHD medication prior to use of a secondary product
Asthma	Proventil HFA, Xopenex HFA	Must try and fail Proair HFA or Ventolin HFA prior to use of a secondary product
Diabetes	Jentadueto, Tradjenta	Must try and fail Janumet, Januvia, Kombiglyze or Onglyza prior to use of a secondary product
Inflammatory Bowel Disease	Asacol HD, Delzicol, Pentasa	Must try and fail Apriso or Lialda prior to use of a secondary product
Opioid Abuse	Buprenorphine/naloxone, Zubsolv	Must try and fail Suboxone Film prior to use of a secondary product
Stimulants	Modafinil	Must try and fail Nuvigil prior to use of secondary product
Angiotensin Receptor Blocker	Edarbi, Micardis/HCT, Hyzaar, Cozaar, Avapro, Avalide, Atacand/HCT, Teveten/HCT, Benicar/HCT	Must try and fail Losartan/HCT, Valsartan HCT, or Irbesartan/HCT prior to use of a secondary product
Antidepressant	Brintellix	Must try and fail any generic antidepressant prior to the use of a secondary product

What should I do if I need to take a medication that is a step 2 on the step therapy?

If you are in need of a medication that is a step 2 on any of the step therapy programs, you will need to do one of the following:

- Have your physician write you a prescription for a first line medication, or You will need to submit a letter of medical necessity in order to receive the second line medication. Have your physician submit a letter of medical necessity request for your current prescription and quantity stating that it is medically necessary for you to be on the exact dosage and quantity. A letter of medical necessity is a request that must be submitted annually. You or your physician can begin the letter of medical necessity process by contacting the EnvisionRxOptions Helpdesk at 1-800-361-4542. Should you have additional questions, please contact the EnvisionRx Customer Service Help Desk at 1-800-361-4542. Our Help Desk is here to assist you with prescription questions 24 hours a day/ 7 days a week.

Glucometer Replacement

EnvisionRxOptions has a program available to members that allows them to receive a free glucometer. Call **1-866-224-8892** for an Abbott Diabetes Care Glucometer (FreeStyle and the Precision Xtra® Blood Glucose & Ketone Monitoring Systems) or **1-877-229-3777** for a Bayer HealthCare, Diabetes Care Glucometer (Ascensia® CONTOUR® and Ascensia® BREEZE®). **Please identify EnvisionRxOptions as your pharmacy benefits administrator**, and Abbott or Bayer will take care of the rest. There is a limit of one glucometer per member per year.

If you have any questions or need assistance regarding your prescription drug benefit, please call the EnvisionRxOptions Customer Service Help Desk at 1-800-361-4542.

Sincerely,
EnvisionRxOptions