



# Messenger



VOLUME 25, ISSUE 2

SPRING 2007

## Message from MCTWF's Executive Director

Dear Teamster Families:

Michigan's "old road is rapidly aging". The core of our economy has been severely compromised and the balance is in danger of caving in on itself and threatening our societal infrastructure. Wise planning, courageous public and private collaborations, and some good luck are needed, right now, to keep Michigan from imploding and to begin the building of a new road. I note that the Michigan Teamsters leadership is in the thick of it, not only serving in its critical role of protecting your rights and interests during this difficult period of change, but also by being deeply involved, with other dedicated and visionary leaders, in building a comprehensive framework for security and opportunity in a revitalized, diversified, 21<sup>st</sup> century Michigan. Be assured that the Michigan Conference of Teamsters Welfare Fund remains equally dedicated to serving you and future Teamster families as a financially strong, independent, progressive, and reliable health care partner.

In their continuing pursuit of the highest quality programs at the lowest cost, MCTWF's Trustees have chosen CaremarkPCS Health, L.P. as the Fund's new pharmacy benefit manager for all retail, mail order and specialty pharmacy services, effective Monday, June 25, 2007. All pharmacy services currently provided through BCBSM, its specialty pharmacy, Option Care, and its mail order pharmacy, Medco, will cease at midnight, June 24<sup>th</sup>. I urge you to read the following introductory article for detailed information about Caremark and the transition, but I take this opportunity to assure you that the transition to Caremark has been carefully planned to avoid inconvenience to you. Caremark has informed us that, based on the recent claim data which we provided, all Retail 34 and Retail 90 pharmacies currently being patronized by MCTWF participants have now been recruited into Caremark's network. Therefore, you should have only to show your retail pharmacist your soon to be received, updated MCTWF Networks Card (bearing requisite Caremark information) with your first request for a new prescription fill, or refill, on or after June 25<sup>th</sup>. Option Care and Medco will process all requests for fills or refills received on or before June 24<sup>th</sup> and will transfer to Caremark all prescriptions with remaining refills to ensure that you will not need to secure replacement prescriptions. Nonetheless, to avoid any chance of being affected by unanticipated transitional problems, we recommend seeking early refills of your special and mail service scripts so that you'll have up to a 30 day supply as of the June 25<sup>th</sup> transition date. Finally, all current authorizations that have been granted for prescription non-sedating antihistamines, proton pump inhibitors, and brand selective serotonin reuptake inhibitors will be transferred to Caremark.

In addition, those of you who are taking specialty medications will receive a letter from Caremark Specialty Pharmacy Services to initiate a direct relationship between you and a Care Team representative. A letter will also be sent to those of you participating in MCTWF's Key IV three-tiered drug program who are taking medications that are listed on Caremark's third-tier (non-preferred brand) list. The letter will suggest tier two and tier one alternatives, if available.

You soon will be in receipt of Caremark's Prescription Benefit booklet, followed by the updated MCTWF Networks Card. I urge you to read the booklet and the following article (including its Q & A section) carefully and to contact MCTWF's Customer Service Department with your questions. We will take all additional steps necessary to ensure a smooth, trouble free transition.

On behalf of MCTWF's Trustees and staff, I thank you for your cooperation and wish you the best of health.

Richard Burker

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#### Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* uses the masculine form to refer to male and female individuals and uses the term "participants" to refer to both participants and their eligible dependents.

### Providing False Information

The Trustees have adopted a rule pursuant to which MCTWF will terminate coverage of any participant or dependent if, in their sole discretion, they determine that the participant or dependent (or his or her representative) knowingly provided false information, directly or indirectly, with the intent to cause MCTWF to provide coverage, benefits, or payments that a participant, beneficiary, other individual, or entity was not entitled to receive.

# Introducing Caremark - MCTWF's New Pharmacy Benefit Manager

The Michigan Conference of Teamsters Welfare Fund (MCTWF) is pleased to announce that effective June 25, 2007, Caremark will replace BCBSM as MCTWF's pharmacy benefit manager. In addition to Caremark's state of the art mail service and specialty pharmacies, it maintains a nationwide network of 62,000 participating pharmacies, including more than 20,000 independent community pharmacies, as well as every Retail 34 and Retail 90 pharmacy currently being patronized, as of recent date, by MCTWF Plan participants. You may confirm that your current retail pharmacy participates in the Caremark Network by contacting your pharmacy, or by visiting MCTWF's website at [www.mctwf.org](http://www.mctwf.org) and clicking on the Caremark link from the *Provider Networks and Info Links* pages, or by calling MCTWF's Customer Service Department at 800-572-7687. All current prescriptions with remaining refills administered by the Medco Mail Service Pharmacy, or by the Option Care Mail Service Specialty Pharmacy will be transferred to Caremark. Replacement prescriptions will not be required.

## Retail and Mail Service Prescriptions

Your prescription drug program will continue to offer the same three options:

- **Retail 34** – for prescription fills of up to a 34 day supply at a retail pharmacy.
- **Retail 90** – for prescription fills of a 35 to 90 day supply at a retail pharmacy.
- **Mail Service** – for prescription fills of up to a 90 day supply. Caremark's Mail Service Pharmacy will ship to the location of your choice, with standard shipping provided at no cost to you. You can also speak to a pharmacist, regarding any prescription questions, 24 hours a day, seven days a week at 888-727-0495. In addition to ordering your prescription refills by mail, you may also do so online at [www.caremark.com](http://www.caremark.com), or by phone at 888-727-0495. To order your refills online you must first register (for registration instructions go to the "Available Website Resources" section of this article).

## Identification Cards & Prescription Benefit Booklet

By June 10, 2007, you will receive a new MCTWF Networks Card bearing the Caremark logo on the back. The new MCTWF Networks Card will evidence your coverage and restrictions and provide billing instructions. You will need to present the card to your pharmacist the first time you fill (or refill) a prescription on or after June 25<sup>th</sup>. Until then, please continue to use your Blue Cross ID Card when filling your prescriptions. Also, please continue to use your Blue Cross ID Card for BCBS medical network services until BCBSM mails a replacement to you, which it plans to do in the near future.

You will also receive a customized Caremark Prescription Benefit booklet in the mail, shortly, containing detailed pharmacy benefit information, applicable forms, participating

pharmacies nearest you, and a list of major participating pharmacy chains.

## Prior Authorizations

**MCTWF's Trustees have agreed to adopt Caremark's recommendations for prior authorization of certain prescription drug classifications, effective June 25, 2007; as stated below:**

- Anabolic Steroids
- Anti-Obesity
- ADHD/Narcolepsy (age 20 and above)
- Oral Acne
- Topical Acne (age 26 and above)
- Oral Anti-Fungal



Please ask your physician to contact Caremark at 800-626-3046 to obtain authorization.

As is currently the case, if MCTWF's requirements to establish medical necessity are satisfied, your physician may also obtain authorization for coverage of prescription non-sedating antihistamines (NSA) and proton pump inhibitors (PPI). Your physician must submit a written prior authorization request to MCTWF's Utilization Review Department. The NSA request must include either a documented failure of treatment (minimum of 2 week trial) with OTC Claritin or OTC Claritin-D, an adverse reaction or intolerance to OTC Claritin or OTC Claritin-D, or an adverse drug interaction or potential adverse drug interaction. The PPI request must include either a documented failure of treatment (minimum of 8 week trial) with Prilosec OTC, an adverse reaction or intolerance to Prilosec OTC, or an adverse drug interaction or potential adverse drug interaction.

All current authorizations will be transferred to Caremark and will continue until the expiration date of the authorization.

## Selective Serotonin Reuptake Inhibitors (SSRI) Step Therapy

Currently, MCTWF's SSRI Step Therapy Program requires that participants commencing SSRI (a category of anti-depressant) therapy must first try and fail with two generic SSRIs in a 12 month period before receiving authorization for coverage of a brand SSRI. Any participant who thereafter satisfies Program requirements and commences use of a brand SSRI will remain eligible without limitation under the Program, for the duration of therapy. Participants who seek to resume SSRI therapy after a lapse of one year are subject to the two generic trial requirement.

If you are currently authorized by MCTWF (through BCBSM) to use a brand SSRI, your authorization will be transferred to Caremark and will be governed by the above stated Program rules.

**Effective June 25, 2007, the requirement for authorization for coverage of a brand SSRI will be changed to the trial and failure of one generic SSRI for a minimum period of 60 days.**

## Specialty Pharmacy Services

Caremark's Specialty Pharmacy Services provides specialty injectable, infusable and oral drugs for individuals with chronic or genetic conditions. Through this service you will receive convenient mail delivery of your specialty medications, personalized service and educational support for your specific therapy. A team of professionals will be assigned to help you successfully manage your condition and improve your quality of life. Caremark will make initial contact by mail with all participants who are currently being prescribed a medication that is covered under the Specialty Pharmacy Service Program.

Certain medications for the chronic or genetic conditions listed below are included in the Specialty Pharmacy Services Program (which may change or expand from time to time without notice):

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Allergic Asthma</li> <li>• Crohn's Disease</li> <li>• Growth Hormone &amp; Related Disorders</li> <li>• Hematopoietics</li> <li>• Hemophilia, Von Willebrand Disease &amp; Related Bleeding Disorders</li> <li>• Hepatitis C</li> <li>• HIV Medications</li> <li>• Hormonal Therapies</li> </ul> | <ul style="list-style-type: none"> <li>• Immune Deficiencies &amp; Related Disorders</li> <li>• Lysosomal Storage Disorders</li> <li>• Macular Degeneration</li> <li>• Multiple Sclerosis</li> <li>• Oncology - Oral</li> <li>• Osteoarthritis</li> <li>• Osteoporosis</li> <li>• Psoriasis</li> <li>• Pulmonary Arterial Hypertension</li> </ul> | <ul style="list-style-type: none"> <li>• Pulmonary Disease</li> <li>• Renal Disease</li> <li>• Respiratory Syncytial Virus</li> <li>• Rheumatoid Arthritis</li> </ul> |
|---|---|---|



**Beginning June 25, 2007, if you are prescribed a specialty medication and you go to a retail pharmacy, the pharmacist will ask you to contact Caremark at 800-237-2767, to initiate your direct relationship with the Caremark Specialty Pharmacy Services.**

### Limitations

**MCTWF's Trustees have adopted Caremark's recommendations on quantity limits for certain drug categories as stated in the following chart, effective June 25, 2007.** These limitations may change if your physician obtains prior authorization from Caremark, or may otherwise change from time to time without notice.

Drug Category/Name/Form	Retail Qty. Limit	Mail Service Qty. Limit
<b>Erectile Dysfunction tabs</b> • Caverject    • Edex    • Muse    • Viagra    • Levitra    • Cialis	6 every 34 days	20 every 90 days
<b>Influenza Treatment &amp; Preventions</b> • Relenza tabs                      • Tamiflu 75mg tabs                      • Tamiflu suspension	1 treatment every 6 mos.	1 treatment every 6 mos.
<b>Migraine</b>		
• Amerge tabs                      • Frova tabs • Maxalt & Maxalt MLT tabs                      • Imitrex tabs	9 every 34 days	27 every 90 days
• Axert tabs                      • Relpax tabs • Zomig & Zomig ZMT 2.5mg tabs	6 every 34 days	18 every 90days
• Imitrex Inj. Kits                      • Imitrex NS 5mg pkg.	2 every 34 days	6 every 90 days
• Imitrex Inj. Vials	4 every 34 days	15 every 90 days
• Imitrex NS 20mg pkg.                      • Migranal NS 8ml. • Zomig NS pkg.	1 every 34 days	3 every 90 days
• Zomig & Zomig ZMT 5mg tabs	3 every 34 days	9 every 90 days
<b>Sedative/Hypnotics tabs</b> • Halcion                      • Dalmane                      • Lunesta                      • Restoril • Sonata                      • Doral                      • Prosom                      • Rozerem • Ambien & Ambien CR tabs	Up to a 14 day supply	Up to a 14 day supply

### **Smoking Cessation**

- maximum continuous drug therapy for any prescription drug is limited to coverage for 180 days per 12 month period;
- lifetime maximum of two years of therapy.

## Other Limitations

- Prostin VR – Covered through age 2.
- Elidel – Covered age 3 and over.
- Protopic - Covered age 3 and over.

## Available Website Resources

Available to all participants are valuable resources to help manage your prescription drug benefit. Log on to MCTWF's website at [www.mctwf.org](http://www.mctwf.org) and click on the Caremark website link on the *Provider Networks* or *Info Links* pages for the following features:



- Locate a retail pharmacy;
- Start a new mail service order, order refills for mail service prescriptions, or check the status of recent orders;
- Get an online report of your recent prescription history; and
- Find detailed information about your prescription benefits coverage and access important features that will help you to maximize your benefits including checking drug costs.

**For first time users.** To access the above features of the Caremark website, you must register on or after June 25, 2007. Here is how to register:

1. Be sure to have your MCTWF contract number handy.
2. Click on "Not Registered" located at the top of the screen.
3. On the Registration screen, complete all required information. When finished, click "Continue".
4. Create a new username and password, as well as a challenge question and answer. When finished, click "Continue".
5. Double-check your information on the Summary screen. When finished, click "Register".
6. Review the Terms & Conditions and, if acceptable to you, click "I Agree". You are now registered and can access the above featured resources.

## Questions and Answers

The below is a list of questions and answers to assist you in transitioning into the Caremark retail and mail service pharmacy network.

### Retail Pharmacy Questions and Answers

**Q: Will I receive a new prescription drug card to give to the pharmacy?**

A: You will receive a new MCTWF Networks Card, which includes all the information the pharmacy will need to submit your claim to Caremark. Please present your new card to the pharmacy when you are filling or refilling a prescription on or after June 25, 2007.

**Q: Will I be able to obtain a 90 day supply of medication at the pharmacy?**

A: Yes. The Caremark retail pharmacy network includes every Retail 90 pharmacy currently being patronized, as of recent date, by MCTWF Plan participants.

**Q: I am currently taking a medication that requires prior authorization from MCTWF. Will I be able to get refills on my medication on or after June 25, 2007?**

A: Yes. All current authorizations are being transferred to Caremark. Authorizations, however, remain subject to their fixed expiration dates. Please refer to your approval letter for your expiration date.

**Q: How do I obtain reimbursement for a filled prescription that I paid for?**

A: You may obtain a claim form by contacting MCTWF's Customer Service Department at 800-572-7687 or from MCTWF's website at [www.mctwf.org](http://www.mctwf.org) and clicking on the *Forms* page. A form will also be included in your Caremark Prescription Benefit booklet. Submit the claim form according to the directions provided on the form.

**Q: If my current pharmacy does not participate with Caremark, how do I transfer my prescription to a Caremark participating pharmacy?**

A: Contact the pharmacy you wish to have your prescription transferred to and provide it with the prescription information (taken from the medication container label). It will contact the pharmacy which currently has the prescription and request the transfer. However, not all prescription medications are transferable. The pharmacy will advise you if your prescription is unable to be transferred.

## **Mail Service Questions & Answers**

### **Q: What should I do if I have existing refills with Medco?**

A: Medco will be transferring all existing refills to Caremark on June 25, 2007. While no problems are anticipated, initial processing of refills may be slow. Accordingly, if your supply will not last about 30 days beyond June 25<sup>th</sup>, it is recommended that you –

1. Request a refill from Medco prior to June 25<sup>th</sup> (Medco will process refills if about two thirds of your supply is exhausted); or
2. Have your doctor write a new prescription and mail it to Caremark along with a mail service order form.

### **Q: How do I request a refill for a prescription that was transferred to Caremark?**

A: There are three ways you can request a refill for a transferred prescription -

1. **Online.** Register at [www.caremark.com](http://www.caremark.com) (for registration instructions go the "Available Website Resources" section of this article) to order refills and check the status of your order, any time of the day or night. You will need your MCTWF contract number to register. Please note that you will not be eligible to register until June 25, 2007.
2. **By Phone.** Call Caremark Customer Care at 888 727-0495 for a fully automated refill service. Have your MCTWF contract number ready.
3. **By mail.** Complete a Caremark Mail Service Order Form (available in your Caremark Prescription Benefit booklet, at [www.mctwf.org](http://www.mctwf.org) on the *Forms* page, or from the MCTWF Customer Service Department at 800-572-7687) for each prescription you are requesting and affix the refill sticker/label that you received from Medco in the designated box on the form. If you do not have a refill sticker, provide the prescription number assigned by Medco and the name of the medicine you are taking. Mail the completed form and appropriate co-payment directly to Caremark at PO Box 94467, Palatine, IL 60094-4467.

### **Q: Are there any prescriptions that cannot be transferred to Caremark?**

A: There are prescriptions for certain medicines that cannot be transferred to the Caremark Mail Service Pharmacy. Even if you have existing refills for the following types of medicine, you must obtain a new prescription from your doctor and mail it to Caremark along with a Mail Service Order Form:

- Controlled Substances (If you are not sure if this pertains to you, please consult your doctor)

- Compound Medicines

You will also need to obtain a new prescription for any expired prescriptions or for prescriptions that have no refills remaining.

### **Q: How do I get a new mail service prescription filled through Caremark?**

A: For new prescriptions, ask your doctor to write two prescriptions:

- One, for up to a 90-day supply, plus any appropriate refills. This is for your order through the Mail Service Program.
- The other, for up to a 34-day supply, to be filled at a participating retail network pharmacy to ensure an immediate supply.

Complete a Mail Service Order Form (available in your Caremark Prescription Benefit booklet, at [www.mctwf.org](http://www.mctwf.org) on the *Forms* page, or from the MCTWF Customer Service Department at 800-572-7687) and send it to Caremark at PO Box 94467, Palatine, IL 60094-4467, along with your original prescription(s) (not a photocopy), and the appropriate co-payment for each prescription. You must mail in a Mail Service Order Form each time you request a new prescription through the Mail Service Program. The automated refill service is not available to you online or by phone until each new prescription order has been processed.

### **Q: How do I pay for my prescriptions?**

A: Preferred payment is by credit card, however, you can also make payment by check or money order. For credit card payments, include your VISA®, Discover®, MasterCard®, or American Express® credit card number and expiration date in the space provided on the Mail Service Order Form.

### **Q: When will I receive my filled prescription?**

A: You can expect to receive your filled prescription no more than 10 to 14 calendar days after Caremark receives your order. Remember, however, that you may experience a delay during the period immediately following the June 25, 2007 transition.

The *Messenger*, published quarterly, notifies you of changes to your plan of benefits. Please retain all issues of the *Messenger*, along with your SPD booklet and other plan materials, for future reference.

MICHIGAN CONFERENCE OF  
TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.  
DETROIT, MICHIGAN 48216  
313-964-2400

*Metro Detroit 1-800-572-7687*  
*Upstate 1-800-824-3158*  
*Out-of-State 1-800-334-9738*



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### Annual Time Limits

While the frequency of entitlement to covered services for MCTWF's dental, chiropractic and behavioral health benefits

have been administered on a calendar year basis, MCTWF's optical benefits and applicable wellness benefits have been administered on a rolling 12 month basis (referred to in Plan SPDs as "every 12 months" or "annually").

**The Trustees have taken into consideration the difficulties experienced by participants in keeping track of their rolling 12 month entitlement dates and have resolved to convert the administration of optical and applicable wellness benefits to a calendar year basis, beginning with claims incurred on or after May 1, 2007.**

Thus, for example, if your last annual wellness exam was on July 1, 2006, MCTWF will cover your next exam anytime on or after May 1, 2007 and then, anytime in 2008, and thereafter, once per calendar year.

### Hearing Aid Benefit

Hearing aid benefits are available once every two years, up to \$1,000 per hearing aid, under all MCTWF medical benefit plans (with the exception of the Retiree Medical Plan). The benefit covers the cost of the audiometric examination, which evaluates the patient's hearing and measures hearing loss, the hearing aid assessment to determine which type of device would best address the patient's needs, and the conformity test, which is a follow up visit to ensure that the purchased hearing aid is performing as specified. Currently, these services are covered only if they are included in the hearing aid charge(s).

**Effective January 1, 2007**, MCTWF will cover these services under the \$1,000 benefit limit per hearing aid, even when separately billed. MCTWF is reviewing all claims incurred in 2007 in accordance with this retroactive change.

As a reminder, your hearing aid benefit does not cover the following items:

- batteries;
- extended warranties;
- fittings;
- hearing aid repairs; and
- early replacement due to loss or damage.