



November 2009

<MEMBER NAME>

<ADDRESS>

<CITY, ST ZIP>

Re: Changes to the Charleston Water System Prescription Drug Plan.

Dear Member:

The Charleston Water System (“CWS”) is pleased to continue offering its associates an outstanding prescription drug benefit to complement the CWS medical plan. To help ensure you receive your medicines in amounts that effectively treat your condition, starting **January 1, 2010**, the CWS prescription drug plan is adding two new programs (the Prior Authorization Program and the Quantity Management Program), for certain medicines.

Prior Authorization

The Prior Authorization Program is a new cost-savings program that helps prevent improper use of medications for certain health conditions. Generally, under the Prior Authorization Program, you must have approval of medication that is on the attached list before it will be covered under the CWS prescription drug plan. If you do not get prior authorization of a medication that is on the attached list, it will not be covered by the CWS prescription drug plan.

Quantity Limits

The Quantity Management Program is a new quality and safety program that encourages the safe use of medications to treat health conditions. Your plan will only pay for a certain quantity of the medications listed in the attached brochure. You may be able to get a higher amount for some of these medicines if your doctor documents that the higher quantity is medically necessary for you.

Brochures describing the Prior Authorization Program and the Quantity Limits Program in greater detail (and listing the medications that are subject to each program) are included with this letter. Please review each of these and discuss these new programs with your doctor. If you are now using one of the drugs included in either of the programs, please talk to your doctor about this change.

If you will require prior authorization for a medication or more than the monthly limits, please have your doctor call CVS Caremark toll-free at 1-800-294-5979.

Questions? Visit Caremark.com or call CVS Caremark toll-free at 1-888-963-7290 or contact TCC Member Services toll-free at 1-800-815-3314.

Quantity Management



What is Quantity Management?

It's a quality and safety program that promotes the safe use of medications. The program limits the amounts of some medications that we cover.

The Food and Drug Administration (FDA) has approved some drugs only for short-term use. And some drugs may not work as well or even be harmful when you take more than the amounts approved by the FDA.

We base the Quantity Management program on FDA and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. Our program only affects the amount of medication your benefit plan covers. You and your doctor should make the final decision about the amount of medication that is right for you.

What Drugs Are Included?

See the list on the back. For most medications, your plan will only cover a set amount within a set timeframe. Your plan will cover higher amounts of some medications when medically necessary. If a drug on this list has an asterisk (*) next to it, you may be able to get a medical necessity override for a larger amount. If you need more of any of these medications, please have your doctor call the Caremark Prior Authorizations department at 1-800-294-5979. On behalf of your health plan, Caremark administers the Quantity Management program. Caremark is an independent company that manages pharmacy benefits.

For the most updated list of medications included in the Quantity Management program, contact Caremark Customer Care at 1-888-963-7290.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the amount that is covered, the pharmacist will fill your prescription as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices.

1. Your pharmacist can reduce your prescription to the quantity your health plan covers.
2. You can pay full price for all of your prescription or for the portion that exceeds the limit.
3. You or your pharmacist can ask your doctor to get a quantity override if one is available.

If your plan approves the additional quantity, it will pay for it. If your plan does not approve it or the override is not available, you can still choose option 1 or 2.

If you submit your prescription to the mail-order pharmacy and do not meet the requirements for an additional quantity, the pharmacy will not fill your prescription. It will also not fill your prescription if an additional quantity is not available for that drug. The pharmacy will notify you by mail.

Quantity Management Drug List

AcipHex (1 tablet per day)*+++
Actiq (120 lozenges per month)*
Actonel 35 mg (4 tablets per month)
Actonel 75 mg (2 tablets per month)
Advair Diskus (1 package per month)
Advair HFA (1 package per month)
Aerobid (2 inhalers per month)
Aerobid-M (2 inhalers per month)
albuterol inhalation solution (5 boxes per month)
albuterol inhalation solution UD (30s) (4 boxes per month)
albuterol nebulizer solution (120 ml per month)
Aloxi (5 capsules per month)*
Aloxi Solution (5 ml per month)*
Ambien (1 tablet per day)++
Ambien CR (1 tablet per day)++
Amerge (8 tablets per month)*+
Amnesteem ((varies by strength)
Anzemet 1 mg (3 tablets per month)*
Anzemet 2.5 mg (3 tablets per month)*
Anzemet 20 mg/ml 5 ml vial (10 ml per month)*
Anzemet 20 mg/ml 2 ml vial (12 ml per month)*
Anzemet 20 mg/ml 25 ml vial (25 ml per month)*
Asmanex (1 inhaler per month)
Astelin (1 inhaler per month)
Astepro (1 inhaler per month)
Avinza (30 capsules per month)*
Axert (8 tablets per month)*+
Azmacor (2 inhalers per month)
Beconase AQ (2 inhalers per month)
Boniva 2.5 mg (31 tablets per month)
Boniva 150 mg (1 tablet per month)
Brovana Solution (120 ml per month)
butorphanol nasal spray (5 ml per month)*
Celebrex 100 mg (2 capsules per day)
Celebrex 200 mg (1 capsule per day)*
Cesamet (20 capsules per month)*
codeine (45 tablets per month)
codeine with acetaminophen (varies by strength)
codeine with aspirin (varies by strength)
Combivent (2 inhalers per month)
Coreg (31 tablets per month)
Cymbalta (62 tablets per month)
Dalmane (1 capsule per day)++
Darvocet (varies by strength)
Darvon (180 tablets per month)
Darvon-N (180 tablets per month)
DDAVP (2 bottles per month)
Demerol (30 tablets per month)
Dilaudid (180 tablets per month)
Doral (1 tablet per day)++
Duoneb (540 ml per month)
Duragesic (10 patches per month) *
Effexor XR 37.5 mg (1 tablet per day)*
Effexor XR 75 mg (1 tablet per day)*
Embeda (60 capsules per month)*
Emend 40 mg (4 tablets per month)*
Emend 80 (2 tablets per month)*
Emend 125 mg (2 tablets per month)*
Fentora (120 tablets per month) *
Flonase (1 inhaler per month)
Flovent (2 inhalers per month)
Flovent Diskus (1 to 4 boxes per month depending on strength)
Flovent HFA (2 inhalers per month)
Foradil (1 package per month)
Fosamax 10 mg (31 tablets per month)
Fosamax 35 mg (8 tablets per month)
Fosamax 70 mg (4 tablets per month)
Frova (8 tablets per month)*+
Halcion (1 tablet per day)++
hydrocodone with acetaminophen (varies by strength)
hydrocodone with aspirin (varies by strength)
hydromorphone (180 tablets per month)
Imitrex (8 tablets per month)*+
Imitrex Injection (6 vials per month)*+
Imitrex Kits (3 kits per month)*+
Imitrex Nasal (1 box per month)*+
Intal Inhaler (1 package per month)
Intal Solution for Inhalation (1 box per month)
ipratropium nebulizer solution (4 boxes per month)
Kadian (60 capsules per month)*
Kapidex (1 dose per day)*+++
Kytril 1 mg (6 tablets per month)*
Kytril injection (1 ml per month)*
Kytril oral solution (30 ml per month)*
Lamisil (31 tablets per month)
Levo-Dromoran (180 tablets per month)
Lotronex (84 tablets per month)
Lunesta (1 tablet per day)++
Lyrica 25mg –200 mg(90 capsules per month)
Lyrica 225mg (60 capsules per month)
Maxair .2% (1 inhaler per month)
Maxair Autoinhaler (1 inhaler per month)
Maxalt (8 tablets per month)*+
Maxalt MLT (8 tablets per month)*+
Metoproteronol (2 inhalers per month)
Miacalcin NS 2 ml (4 units per month)
Miacalcin NS 4 ml (2 units per month)
Migranal (1 kit per month)
Morphine Immediate release (180 doses per month)
Morphine solution (180 ml per month)
MS Contin (90 tablets per month)*
Nasacort AQ (1 inhaler per month)
Nasalide (1 inhaler per month)
Nasarel (1 inhaler per month)
Nasonex (1 inhaler per month)
Nexium (1 dose per day)*+++
Omnaris (1 inhaler per month)
Opana (120 tablets per month)
Opana ER (120 tablets per month)*
Oramorph SR (90 tablets per month)*
oxycodone immediate release (90 tablets per month)*
oxycodone with acetaminophen (varies by strength)
oxycodone with aspirin (varies by strength)
oxycodone with ibuprofen (varies by strength)
Oxycontin (120 tablets per month)*
Patanase (1 inhaler per month)
Perforomist (60 vials per month)
Prevacid (1 dose per day)*+++
Prilosec (1 capsule per day)*+++
Pristiq (1 tablet per day)
ProAir HFA (2 inhalers per month)
ProSom (1 tablet per day)+
Protonix (1 tablet per day)*+++
Proventil HFA (2 inhalers per month)
Pulmicort Flexhaler (2 inhalers)
Pulmicort Respules (1 box per month)
Qvar (2 inhalers per month)
Relenza (20 blisters per month)
Relpax (8 tablets per month)*+
Restoril (1 capsule per day)++
Rhinocort Aqua (2 inhalers per month)
Roxicodone (90 tablets per month)
Rozerem ((1 tablet per day)++
Ryzolt (30 tablets per month)
Sancuso (2 patches per month)*
Serevent Diskus (1 package per month)
Sonata (1 capsule per day)++
Spiriva (31 capsules per month)
Sporanox (31 capsules, 3 per year)
Stimate (2 bottles per year)
Sumavel (1 box per month)*+
Symbicort (1 inhaler per month)
Tamiflu 30 mg (20 capsules, 3 per year)
Tamiflu 45 mg (10 capsules, 3 per year)
Tamiflu 75 mg (10 capsules, 3 per year)
Tamiflu susp (3 bottles)
Talwin (360 tablets per month)
Tilade (3 inhalers per month)
Toradol (20 tablets per month)
Treximet (8 tablets per month)*+
Ultracet (240 tablets per month)
Ultram (240 tablets per month)
Ultram ER (30 tablets per month)*
Valtrex 1000 mg (31 tablets per month)
Valtrex 500 mg (62 tablets per month)
Vancocin (limits vary by strength)
Ventolin HFA (2 inhalers per month)
Veramyst (1 inhaler per month)
Wellbutrin XL 150 mg (1 tablet per day)
Xopenex HFA (2 inhalers per month)
Xopenex nebulizer solution (3 boxes per month)
Zegerid (1 dose per day)*+++
Zofran 24 mg (1 tablet per month)*
Zofran 4 mg (25 tablets per month)*
Zofran 8 mg (25 tablets per month)*
Zofran injection (10 ml per month)*
Zofran ODT (25 tablets per month)*
Zofran Solution (100 ml per month)*
Zolpimist (1 unit per month)
Zomig (8 tablets per month)*+
Zomig Nasal Spray (1 box per month)*+
Zomig ZMT (8 tablets per month)*+

Medications and limits are subject to change without prior notice. When brand-name drugs are listed, programs also apply to any available generic equivalents.

The monthly migraine (+), sleep aid (++) and ulcer (+++) drug quantity limits apply to all prescriptions for all medications within the drug class. For example, if coverage for a sleep aid is limited to one tablet per day, only one sleep aid tablet per day will be covered.

Prior

Authorization

What is Prior Authorization (PA)?

It's a cost-savings program that helps prevent improper use of medications for certain health conditions. If your doctor prescribes a medication that requires a PA, you must get approval before your plan will pay for it.

We determine prior authorization guidelines on a medication-by-medication basis and may base them on U.S. Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

What Medications Are Included?

See the list on the back. If your doctor prescribes a medication that needs prior authorization, please have your doctor call the Caremark Prior Authorizations department at 1-800-294-5979. On behalf of your health plan, Caremark administers the Prior Authorization program. Caremark is an independent company that manages pharmacy benefits.

Contact Caremark Customer Care for updated information on the medications included in the Prior Authorization program at 1-888-963-7290.



What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If your medication requires prior authorization and you already have it, the pharmacist will fill your prescription. If you do not have prior authorization, you have three choices.

4. You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
5. You can pay full price for your medication.
6. You or your pharmacist can ask your doctor to get prior authorization for you.

If you do not meet the requirements for prior authorization, you can still choose option 1 or 2.

If you submit your prescription to your plan's mail-order pharmacy and do not get prior authorization, the pharmacy will not fill your prescription. You will receive notification by mail.

Prior Authorization Drug List

Accutane
Adcira
Adderall (patients 19+)
Adderall XR (patients 19+)
Amitiza
Amnesteem
Arava
Aricept
Avita (patients 30+)
Avonex
Betaseron
Claravis
Cognex
Concerta (patients 19+)
Copaxone
Copegus
Daytrana (patients 19+)
Desoxyn
Dexedrine (patients 19+)
Dextrostat (patients 19+)
Differin (patients 26+)
Diflucan (except 150 mg)
Exelon
Flolan
Focalin (patients 19+)
Focalin XR (patients 19+)
Ilaris
Isotretinoin
Lamisil tablet
Letairis
Lotronex
Metadate (patients 19+)
Methylin (patients 19+)
Namenda
Nuvigil
Orencia
Provigil
Razadyne
Rebetol
Rebif
Regranex
Retin A (patients 30+)
Revatio
Ribasphere
Ritalin
Ritalin LA
Sabril
Saizen
Soriatane
Sotret
Sporanox

Strattera
Tazorac
Tracleer
Tyvaso
Ventavis
Vyvanse
Ziana

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