Dear [FIRST NAME]:

Catamaran is proud to be the provider for prescription benefits and home delivery pharmacy service for HealthFlex (through the General Board of Pension and Health Benefits). As your pharmacy benefits manager, ***Catamaran is committed to making the use of your prescription drug benefit easier, less complicated, and less expensive.*** As part of our commitment to delivering high quality benefits while managing costs, it is sometimes necessary to implement changes to your pharmacy benefits.

This letter specifically highlights upcoming changes to Catamaran's Utilization Management Programs, which will include how we handle prior authorizations, step therapy, and/or quantity limits, effective January 1, 2015.

Utilization Management Programs

Utilization management programs promote the safe and effective use of select prescription drugs. The programs include: prior authorizations, step therapy and quantity limits. When an authorization is needed for a prescription, your physician or authorized agent of the physician must contact Catamaran to answer questions to determine whether your medication will be covered. This helps Catamaran and HealthFlex ensure that medications are being used in a safe, evidence-based, and cost-effective way.

If you are impacted by the changes to any one, or a combination of these three areas (prior authorizations, step therapy, or quantity limits), each will be highlighted below.

Prior Authorizations: REMOVE IF NO PA CHANGES
Our records show that your prior authorization for the following medication and/or medication class will expire after **«Prior_Authorization_Through_Date»**

PRIOR AUTHORIZATION REQUIREMENTS	
Medications Requiring Prior Authorization	[INSERT DRUG NAMES – ALPHABETICALLY]

Prior authorizations require your physician to answer certain questions about the reasons for use of the medication in question and are intended to align use of certain types of medications with evidence-based practices and FDA recommendations.

Step Therapy: REMOVE IF NO ST CHANGES
Our records show that your authorization for the following medication and/or medication class will expire after **«Prior_Authorization_Through_Date»**

STEP ONE DRUG	STEP TWO DRUG
[INSERT STEP ONE DRUG NAME]	[INSERT STEP TWO DRUG NAME]
[INSERT STEP ONE DRUG NAME]	[INSERT STEP TWO DRUG NAME]

Step Therapy Programs require that you attempt to use one or more Step One medication(s) (often a more affordable generic medication) that has been proven effective for most people with your condition before you can get a similar, more expensive, brand-name drug covered by the plan. Generic medications have the same active ingredients as the associated brand medication, but cost less for both you and your employer. Step Two drugs will not be covered until Step One medications are first tried, unless your physician contacts Catamaran to obtain authorization. Documentation of why the Step One medication will not work is typically required. This helps Catamaran and HealthFlex ensure that the most cost-effective medication that is available to treat your condition is used and helps support stewardship of The United Methodist Church benefit dollars.

Quantity Limits: REMOVE IF NO QL CHANGES
Our records show that your authorization for the following medication and/or medication class will expire after **«Prior_Authorization_Through_Date»**

DRUG	LIMIT PER 30 DAYS
[INSERT DRUG NAME]	[INSERT QUANTITY LIMIT PER 30 DAYS]
[INSERT DRUG NAME]	[INSERT QUANTITY LIMIT PER 30 DAYS]

Quantity Limit Programs support the management of your prescription drug plan by ensuring prescribed quantities are consistent with medical literature and recommended clinical dosing guidelines. This means that if your doctor writes for a larger quantity than is typically recommended, you will need to obtain authorization or a medical exception from Catamaran before that larger quantity will be covered. This helps Catamaran and HealthFlex provide an extra safety check when requested quantities are outside typical recommended amounts.

We encourage you to discuss the changes above, and the impact they may have on your current prescription drug therapy, with your doctor as soon as possible. Providing you with early notification of these changes allows you the opportunity to review the program with your doctor and be prepared for the changes well in advance of the effective date of the changes: January 1, 2015.

Appeal rights:

If an authorization request is denied and you don't agree with the decision, you have a right to appeal. You must file an appeal within 180 days from the date of the denial decision. Please contact the Member Services Department at 1-855-239-8471 to obtain more information on how to file an appeal.

What if I have more questions?

If you have any questions regarding these changes, please call our Member Services Department at 1-855-239-8471 Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

David Calabrese, R.Ph, MHP
Vice President and Chief Pharmacy Officer