

FRESNO UNIFIED SCHOOL DISTRICT

TO: PARTICIPANTS OF THE FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
FROM: JOINT HEALTH MANAGEMENT BOARD
SUBJECT: EMPLOYEE HEALTH CARE PLAN AMENDMENT 2016-1 – PRESCRIPTION DRUG FORMULARY
DATE: NOVEMBER 15, 2015

This notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JANUARY 1, 2016**. The Joint Health Management Board of the Fresno Unified School District has modified your prescription drug benefit by adopting EnvisionRx’s formulary, as described below.

PRESCRIPTION DRUG PLAN SCHEDULE OF BENEFITS FOR PLAN OPTIONS ‘A’ AND PLAN ‘B’

Effective January 1, 2016, the prescription drug benefit features a formulary drug list. A formulary is a list of preferred drugs organized into groups or “Tiers”.

- Tier 1 - Generic Drugs (\$10)– The first choice whenever possible
- Tier 2 - Preferred Brand-name Drugs (\$35) – Covered drugs included on the formulary
- Tier 3 - Non-preferred Brand-name Drugs (\$50) – Covered drugs not included on the formulary

Tier 2 drugs, or preferred brand-name drugs, have lower copayments than the non-preferred brand-name drugs. You and your Physician select whether a generic, preferred brand or non-preferred brand drug is medically best for you. Your choice may result in higher copayments. If your physician submits a letter of medical necessity, and it is authorized by EnvisionRx, you may be able to obtain your tier 3 non-preferred brand-name drug at a tier 2 preferred brand-name drug copay.

Also, if you purchase a brand name prescription when there is a generic equivalent available, you will pay the brand copay *plus* the difference in cost between the brand name and the generic. If your physician indicates “Dispense as Written” on the brand name prescription, the cost difference penalty is waived if authorized by EnvisionRx. These provisions are currently in place and will continue in 2016. However, if your brand name prescription falls into the Tier 3 category, your copay will increase from \$35 to \$50 in 2016.

Prescription Plan Copays			
	30-Days’ Supply at a Retail Pharmacy	90-Days’ Supply at a Retail Pharmacy*	180 Days’ Supply at Orchard Mail Order Pharmacy*
Days’ Supply Allowed	1 to 30 days	Up to 90 days	Up to 180 days
Generic Drug Co-Pay	\$10 copay	\$10 copay	\$10 copay
Preferred Brand-Name Drug Copay	\$35 copay	\$35 copay	\$35 copay
Non-Preferred Brand-Name Drug Copay	\$50 copay	\$50 copay	\$50 copay

EnvisionRx determines which drugs are placed on the formulary. In compiling the formulary, the EnvisionRx pharmacy and therapeutics committee, a group of both internal and external physicians and pharmacists, selects drugs from virtually all therapeutic types, and bases its decisions upon such factors as effectiveness, cost,

* Your Doctor must prescribe the days supply of medication noted in order to receive quantities and copayments noted. Some medications may not be available in 90-day/180-day supplies under applicable law.

quality, safety and potential side effects. The list of preferred brand drugs on the formulary is extensive and is updated periodically. A copy of the formulary is available by calling EnvisionRx at 1-800-361-4542 or by going online at www.envisionrx.com.

The introduction of the Formulary also includes the following:

- Exclusion of Certain Brand Medications;
- Exclusion of Non-Covered New-to-Market Medications;
- Additional Medications Requiring Prior Authorization;
- Additional Medications Requiring Step Therapy;
- Compound Medications Costing \$200 or Greater Requiring Prior Authorization.

For additional information on these additional requirements, please contact EnvisionRx at 1-800-361-4542.