WELCOME

Welcome to the Innoviant prescription benefits program! Please take a few moments to review the information provided to better understand your prescription drug benefits.

CUSTOMER SERVICE

As your prescription benefits administrator, Innoviant provides a team of dedicated customer service representatives, many whom are certified pharmacy technicians, to assist you with all your pharmacy questions. Our customer service center is available 24-hours a day, seven days a week. Call us toll-free at 1.877.559.2955.

USING YOUR ID CARD

You may present your prescription ID card at any pharmacy that is part of our network. When you fill a prescription, the pharmacy enters your claim into a computer system that automatically files it with us. Your pharmacist then collects the applicable copayment for the prescription purchased.

THE INNOVIANT PHARMACY NETWORK

Our pharmacy network includes more than 58,000 independent and chain retail pharmacies nationwide. To find a participating pharmacy near you, use the pharmacy finder on our website or call the Customer Service center at 1.877.559.2955.

USING NON-NETWORK PHARMACIES

If you present your ID card at a non-network pharmacy (or must make a cash purchase for other reasons), you will pay 100% of the retail cash price for your prescription. To be reimbursed for eligible prescriptions, you must submit your pharmacy receipt(s) and a claim reimbursement form to us. Reimbursement amounts are based on participating pharmacy contracted rates minus your copayment. See your plan sponsor’s benefit manager to obtain a claim reimbursement form or download one from our website.

MAIL ORDER PHARMACY

Innoviant Pharmacy allows you to receive prescription products via mail order — with postage-paid delivery right to your home. To begin ordering your prescriptions through mail order, complete an Innoviant Pharmacy Registration/Order Form for you and all eligible dependents. This form may be included with your member information, available from your Human Resources office or you may call us at 1.877.559.2955 to request one. You may also register online at the Innoviant Pharmacy website (www.innoviantrx.com).

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com.

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RETAIL PHARMACY NETWORK

FINDING A NETWORK PHARMACY

Our national retail pharmacy network includes more than 58,000 chain and independent retail pharmacies, so you’re sure to find one close to home or work.

To help you find participating pharmacies near you, see the listing of network chain stores on the following pages.

You may also visit our website and enter your ZIP code to get a list of participating pharmacies. The list also includes phone numbers and a map icon to click on for directions. If you need help locating a pharmacy, contact customer service.

USING YOUR ID CARD

Present your ID card at any network pharmacy to have your benefit plan applied when you fill a prescription. When you show the pharmacy your ID card, they enter your claim. If the charge for your prescription is more than the benefit amount, the pharmacy will collect the balance from you.

If you do not present your card or fill a prescription at a non-participating pharmacy, you must pay 100 percent of the retail price for your prescription. For reimbursement of eligible prescriptions, submit a claim reimbursement form (available from your benefit manager or download one from our website) and the prescription receipt directly to us. Reimbursement amounts are based on participating pharmacies’ contracted rates less copayments and are subject to your benefit plan’s rules and restrictions.

In-network pharmacies are listed on the following pages.
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Network Retail Pharmacies

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com

A & P Pharmacy
ABC Desert Markets
AccessHealth Member Pharmacies
Acme Pharmacy
Ahold USA
AHS - St. John Pharmacy
Albertsons
Allina Community Pharmacy
Allscripts
Ambulatory Pharmaceutical Svcs
American Drug Stores
Anchor Pharmacy
Appalachian Regional Health
Assoc Wholesalers Groc Ntwk
Astrup Drug
Aurora Pharmacy
B & R Stores
Bakers Pharmacy
Balls Four B
Bartell Drugs
Bashas’ United Drug
Bel Air Pharmacy
Bell Pharmacy
Big A Drug Stores
Big Bear/Harts Stores
Biggs Pharmacy
Bi-Lo
Bi-Mart
BJ’s Pharmacy
Brooks Pharmacy
Brookshire Brothers
Brookshire Grocery
Brown & Cole Stores
Bruno’s
Buehler Foods
Cash Wise Pharmacy
Care Pharmacies
Carrs Pharmacy
Centex Pharmacies
Chronimed
City Center Drug
City Market (Kroger)
CJM
Cleveland Clinic Foundation
Clinic Pharmacy Administration
Clinic Pharmacy of Marshfield
Coborn’s Pharmacy
Community Distributors
Community Pharmacy
Continuing Care Rx
Controlex Enterprises
Costco
Covenant Regional Services
Cub Pharmacy
CVS/Pharmacy
D & W Food Centers
Dahl’s Foods
Dean Pharmacy Administration
Department of Veterans Affairs Pharmacies
Dierbergs Family Markets
Dillon’s Pharmacy (Kroger)
Discount Drug Mart
Discount Emporium
Doc’s Drugs Ltd
Dominicks
Drug Castle
Drug Emporium
Drug Town
Drug World Pharmacy
Duane Reade
Eagle Food Centers Pharmacy
Eagle Pharmacy
Eckerd Drugs
Econo Foods
Em Dee Drug
Enloe Drugs
Epic Pharmacy Network
Erlanger Pharmacy
Eureka Drug Stores
Fagen Pharmacy
Family Pharmcare Center
Fairview Pharmacy Services
Family Fare
Family Pharmacy
Familycare Network
Familymeds
Farm Fresh Pharmacies
Felpausch Pharmacy
Fleming Companies
Food Circus Super Markets
Food City Pharmacy
Fred Meyer (Kroger)
Fred’s
Fruth
Frys Food And Drug (Kroger)
Furr’s Supermarkets
G & A Medical Personnel
Gabler’s Drug
Gavin Herbert
Gentiva Health Svcs (Quantum)
Genuardi’s (Safeway)
Gerimed Pharmacy
Giant Eagle Pharmacy
Giant Food Stores
Giant Of Maryland
Glass Gardens
Golub
Good Neighbor Pharmacy Provider Network
Greco Enterprises
Gristedes
Group Health Associates
H E B Pharmacy
Haggen Food & Pharmacy

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Network Retail Pharmacies

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com

Hannaford Bros
Happy Harry’s Discount Drug
Harmon’s Pharmacy
Harps Food Stores
Harris Teeter Pharmacy
Hartig Drug
Health Mart
Healthpartners Pharmacy
Heartland Pharmacy
Henry Ford Med Ctr Pharmacy
HIP Pharmacy Service of NY
Hi-School Pharmacy
Homeland Stores
Hy-Vee Food Stores
IHC Health Services
Ingles Markets
Jewel-OSCO
Jordan Drug
K Mart Pharmacy
Kelsey Seybold Pharmacy
Kerr Drug Stores
Kessel Pharmacy
Keystone - Medicine Chest
King Kullen Pharmacy
King Soopers Pharmacy (Kroger)
Kings Pharmacy
Kinney Drugs
Klingensmith’s Drug Stores
Knight Drugs
Kohl’s Pharmacy & Homecare
Kopp Drug
Kreisler Drug
Kroger Pharmacy
K-VA-T Food Stores
Leader Drug Stores
Lewis Drug
Lewis Family Drug
Longs Drug Store
Louis & Clark Drugstores
Lowe’s Marketplace Pharmacy
M.K. Stores
Major Value Member Pharmacies
MAL Enterprises
Marc Glassman
Market Basket
Marsh Drugs
Maxar Pharmacy
Maxi Drug Inc.
Mays Drug Stores
Mcauley Pharmacy
McKesson
Med-Fast Pharmacy
Medic Drug
Medicap Pharmacy
Medicine Center
Medicine Shoppe
Mediserv
Med-Rx Drug
Med-X Drug
Meijer Pharmacy
Metro Group #64
Minyard Food Stores
Morton Drug
Mr Discount Drugs
Mr Z’s Pharmacy
Nash Finch
Navarro Discount Pharmacy
NCS Healthcare
Neighborcare Pharmacy
New Oakland Pharmacy
Nob Hill Pharmacy
Nortex Drug Distributors
Northwest Health Ventures
Nova Factor
Oakwood Healthcare
OK Health Care Authority-Tpl
Omnicare Inc.
Oncology Pharmacy Services
OptionCare
Osco Drug
P & C Food Markets
Pamida
Park Nicollet Pharmacy
Pathmark Stores
Patient’s Pharmacy
Pavilions Pharmacy
Payless Drugs
Perlmart/Shoprite
Pediatric Services Of America
Penn Traffic
Peoples Pharmacy
Pharma-Card
Pharmacare
Pharmacy Associates
Pharmacy Express Services
Pharmacy Plus
Pharmacy Providers Of OK
Pharmapoint
Pharmacy Network
Pharmerica Drug Systems
Pinnacle Pharmacy
Planned Parenthood Greater NNJ
Price Chopper Pharmacy
Price Cutter Pharmacy
Primemed Pharmacy Services
Priority Health Care Pharmacy
Procare Pharmacy
Professional Pharmacy Services
Providence Pharmacy
Publix Super Markets
QFC (Kroger)
Quick Chek Pharmacy Dept
Rainbow Food Group
Raley’s Pharmacy
NETWORK RETAIL PHARMACIES

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com

Ralphs (Kroger)
Randalls
Ree’s
Ridley’s Food And Drug
Rinderer’s Drug Stores
Rite Aid
Ritzman Pharmacy
Rogers Pharmacy
Ronci Family Discount Drugs Inc
Ronetco
Rosauers Supermarkets
Rx’d Pharmacy
Safeway (Genuardi’s)
Sam’s Club Pharmacy
Save Mart Pharmacy
Sav-Mor Drug Stores
Sav-On Drugs
Schnucks Markets
Scolari’s Food & Drug
Scots Lo-Cost Pharmacy
Seaway Food Town
Sedano’s Pharmacy
Sedell’s Pharmacy
Shaws Supermarkets
Shelby Shore Drugs
Shelly’s Pharmacy
Shop n Save Pharmacy
Shopko Pharmacy
Shoppers Pharmacy
Shoprite Pharmacy
Smiths Food & Drug Centers (Kroger)
Smittys Pharmacy
Snyder Drug Emporium
Snyder’s Drug Store
St Louis Connectcare
Standard Drug
Statscript Pharmacy
Steele’s Pharmacy
Stop & Shop Pharmacy
Strategic Health Alliance/Caremax
Sun Factors
Sun Fresh Pharmacy
Super D
Super One Pharmacy
Super Rx Pharmacy
Supermarket Inv/ Harvest Foods
Supervalu Pharmacy
Target Pharmacy
Thriftway Pharmacy Associates
Thrifty-White Drug
Tidyman’s Pharmacy
Tiffany-Davis Drug
Tom Thumb
Tom’s Mad Pricer Discount
TOPS Markets
TriNet Pharmacy (Truecare)
Twin Knolls Pharmacy
Ukrops Super Markets
UMC Dept Of Pharmacy Services
Union Prescription Center
United Pharmacy
United Supermarkets
Unity Retail Pharmacy
Univ Of Utah Health Network
University Of Wisconsin
USA/Super D Drug
Value Center
Vg’s Pharmacy
Village Supermarkets
Vollmer Pharmacy
Von’s Pharmacy
W P Malone
Walgreens
Wal-Mart Pharmacy
Wayne Drug
Weber & Judd
Wegmans Food Market
Weis Pharmacy
Welcome Pharmacy
Wender & Roberts
Westbury Pharmacy
Wilkinson Pharmacy
Winn-Dixie Stores
Woods Pharmacy
Yoke’s Pharmacy
Zallie Supermarkets

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Rx OTC PROGRAM

LOWER OUT-OF-POCKET COSTS

If you currently take a prescription medication for stomach acid relief or allergy symptoms, you could save money by taking an over-the-counter (OTC) product. Alavert, cetirizine (generic Zyrtec), loratadine (generic Claritin), Prilosec OTC and omeprazole delayed release tablets may be covered under your plan. They are safe, effective alternatives to similar prescription medications.

ALAVERT, CETIRIZINE OR LORATADINE
FOR ALLERGY SYMPTOMS

If you’re taking a non-sedating antihistamine, such as Allegra or Clarinex, you can now purchase Alavert, cetirizine or loratadine at your lowest out-of-pocket cost.

PRILOSEC OTC AND OMEPRAZOLE DELAYED RELEASE TABLETS FOR STOMACH ACID

If you currently take Aciphex, Kapidex, Nexium, Prilosec, Prevacid, Protonix, or a generic prescription proton pump inhibitor, you now have the option of purchasing Prilosec OTC and nonbranded and store brand omeprazole delayed release tablets at your lowest out-of-pocket cost.

PARTICIPATION IS AS EASY AS 1-2-3

1. Discuss with your doctor if an OTC product (Alavert, cetirizine, loratadine, Prilosec OTC, or omeprazole delayed release tablets) is right for you.

2. If you decide to try a medication included in the Rx OTC Program, ask your physician for a written prescription for the OTC medication.

3. Take your written prescription(s) and ID card to a network pharmacy and go to the pharmacy counter. The pharmacist will process your prescription under your pharmacy benefit.

Note: If you purchase the OTC product without a written prescription, the medication will not be covered under your prescription benefit program and you will be responsible for the entire cost.

Are you looking for relief from allergy or stomach acid symptoms?

If you are, read on to learn how the Rx OTC Program provides your lowest out-of-pocket costs on Alavert, cetirizine, loratadine, Prilosec OTC, and omeprazole delayed release tablets.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com
### Rx OTC Savings Examples

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Average Total Cost per 30-day Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cetirizine Savings Example</strong></td>
<td></td>
</tr>
<tr>
<td>Xyzal</td>
<td>$81.60</td>
</tr>
<tr>
<td>cetirizine</td>
<td>$10.80</td>
</tr>
<tr>
<td><strong>Savings</strong></td>
<td>$70.80</td>
</tr>
</tbody>
</table>

| **Alavert Savings Example**           |                                  |
| Clarinex                              | $107.40                          |
| Alavert                               | $6.30                            |
| **Savings**                           | $101.10                          |

| **Loratadine Savings Example**        |                                  |
| fexofenadine                          | $37.80                           |
| loratadine (generic)                  | $6.60                            |
| **Savings**                           | $31.20                           |

| **Prilosec OTC Savings Example**      |                                  |
| Aciphex                               | $189.90                          |
| Prilosec OTC                          | $23.70                           |
| **Savings**                           | $166.20                          |

| **omeprazole delayed release tablet Savings Example** | |
| lansoprazole                           | $153.60                          |
| omeprazole DR tablet                   | $39.60                           |
| **Savings**                            | $114.00                          |

When you use a covered OTC medication, you and your plan sponsor share in the savings, just like in the examples shown above. By paying your plan’s lowest copayment, your potential out-of-pocket savings can really add up. Through the Rx OTC program, your plan saves too, which helps keep the cost of providing your pharmacy benefits more affordable.

*Savings examples reflect 2009 book of business figures. Comparisons are based on the average adult daily dose.*
HALF TAB Rx — TABLET SPLITTING

HOW HALF TAB Rx WORKS

Some medications cost about the same, regardless of dosage. For example, the 20mg and 40mg dosages of a popular medication used to treat high cholesterol both cost about $80.70 for a 30-day supply. When 15 40mg tablets are split, a 30-day supply of 20mg half tablets costs only $40.35. Splitting the 40mg tablets effectively cuts the cost of your medication in half. Your copay will go twice as far with Half Tab Rx. See the following example:

<table>
<thead>
<tr>
<th>Drug* and Dosage</th>
<th>Without Half Tab Rx</th>
<th>With Half Tab Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>20mg</td>
<td></td>
<td>40mg</td>
</tr>
<tr>
<td>Number of Tablets</td>
<td>30 (whole tablets)</td>
<td>15 (split in half)</td>
</tr>
<tr>
<td>Days Supplied</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Cost</td>
<td>Plan: $80.70</td>
<td>Plan: $40.35</td>
</tr>
<tr>
<td></td>
<td>You: $20.00</td>
<td>You: $10.00</td>
</tr>
<tr>
<td>Annual Savings</td>
<td>None</td>
<td>Plan: $484.20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You: $120.00</td>
</tr>
</tbody>
</table>

Actual savings vary based on your plan design, but with Half Tab Rx, the savings are real. And helping your plan save money contributes to the overall cost management of your prescription benefits.

* Drug included in this savings example is a popular medication used to treat high cholesterol.

TO_SPLIT OR NOT TO_SPLIT?

You are not required to split tablets to save money, but if you choose to participate, be sure to talk with your doctor before splitting any of your medications. If you and your doctor agree that tablet splitting is a safe way for you to save money, you will need:

1. A new prescription from your doctor for the new dosage of your medication. The prescription must clearly instruct you to take one-half tablet daily.

2. A tablet splitting device. Tablet splitters allow you to cut tablets more accurately and safely. You can purchase one for just a few dollars at a local pharmacy.

Can I split tablets prescribed by my doctor to save money?

In some cases, tablet splitting is a safe way to create savings for both you and your prescription benefit program.

Can I split tablets prescribed by my doctor to save money?

In some cases, tablet splitting is a safe way to create savings for both you and your prescription benefit program.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com
SAFE TABLET SPLITTING

Because not all medications are safe to split, we’ve defined a list of drugs that are covered under the Half Tab Rx program.

- Atacand
- Avapro
- Cozaar
- Crestor
- Diovan
- Lexapro
- Lipitor
- benazepril (Lotensin)
- citalopram (Celexa)
- doxazosin (Cardura)
- fosinopril (Monopril)
- lisinopril (Prinivil, Zestril)
- metoprolol ER (Toprol XL)
- paroxetine (Paxil)
- pravastatin (Pravachol)
- quinapril (Accupril)
- sertraline (Zoloft)
- simvastatin (Zocor)
- zolpidem (Ambien)

This list is not intended to be a complete listing of all medications in tablet form that might be suitable for splitting and is subject to change without notice.
SPECIALTY PHARMACY PROGRAM

Specialty Medications

If you take a specialty medication, many of which are injectable, our specialty pharmacy program (SPP) may help lower your costs — and give you access to other valuable health information. When you order your specialty medications through a preferred specialty pharmacy, they can be delivered to a convenient location of your choice, such as your home or doctor’s office. Typically, specialty medications:

• Are very costly
• Require special storage or handling
• Are injected at home or in a physician’s office
• Require careful monitoring and management of unwanted side-effects

Specialty medications may only be dispensed for up to a 30-day supply. A list of the most commonly used Specialty Medications is provided on page 2 of this brochure. You may call customer service for more information.

Health and Care Management

Your SPP delivers more than just specialty medications; it also gives you access to resources that may help improve your health and care management, including:

• Supplies needed for injecting medication
• Patient care coordinators
• Educational materials
• Clinical pharmacists
• Monthly refill reminders

Your doctor also gains more support services when you use your benefit plan’s SPP to help manage your care, such as:

• Compliance management programs to help optimize drug use
• Disease management programs to actively monitor and manage complex drug regimens

What is a specialty pharmacy program (SPP)?

A specialty pharmacy program delivers care management, improved pricing and convenient delivery options for some medications used to treat unique conditions.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com

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**Plan Requirements**

Because your prescription benefit plan includes a specialty pharmacy program, you must order specialty medications that you administer yourself from an in-network specialty pharmacy. If you do not order your specialty medications from an in-network specialty pharmacy, they cannot be considered for coverage by your prescription benefit plan. Please note that retail pharmacies like CVS, Rite-Aid and others are not approved specialty vendors, therefore you will not receive coverage at those facilities specific to specialty medications.

Specialty medications that your physician administers (or that are administered in a physician’s office) should also be ordered through a preferred specialty pharmacy for coverage consideration. We will provide information to your physician on how to order your medications, and the specialty pharmacy will deliver right to his/her office prior to your visit.

**Ordering Prescriptions**

Our specialty pharmacies typically ship orders within 24 hours of receiving the order form.

Follow these steps to begin using the specialty pharmacy program:

1. Go to our website to download a specialty pharmacy order form or call customer service to have one mailed to you.
2. Take the form with you to your next doctor visit.
3. Ask your doctor to complete the order form and fax it to the specialty pharmacy indicated on the form. Be sure to include the address for where you and your doctor agree your specialty medication(s) will be shipped.

If you have questions, you can call Prescription Solutions® Specialty Pharmacy at 1.866.218.7398.

**Ordering Refills**

To order refills, call the specialty pharmacy in advance. If you forget to call in your refill, the specialty pharmacy will call to remind you. The specialty pharmacy can also work with your doctor to arrange your refill deliveries.

**Most Commonly Used Specialty Medications**

- Aranesp
- Avonex
- Betaseron
- Cimzia
- Copaxone
- Copegus
- Enbrel
- Epogen
- Extavia
- Genotropin products (all)
- Humatrope
- Humira
- Inrelex
- Infergen
- Kineret
- Leukine
- Neulasta
- Neumega
- Neupogen
- Norditropin
- Nutropin products (all)
- Orencia
- Pegsasys
- PEG-Intron
- Procrit
- Rebif
- Remicade
- Saizen
- Serostim
- Simponi
- Synagis
- Tev-tropin

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com
CUSTOMER SERVICE

WE’RE HERE TO HELP

As your prescription benefits administrator, we’re here to answer your pharmacy benefit questions and help you save money on your prescription medications. We’re committed to you, and your well-being is important to us.

DEDICATED CUSTOMER SERVICE

We have dedicated customer service representatives available to help you 24-hours a day, 7 days a week.

Our staff is friendly and knowledgeable and can provide real-time, immediate information directly to you.

Most of our customer service representatives are certified pharmacy technicians (CPhT). They’ve earned this nationally recognized professional certification, which we encourage all of our customer service representatives to achieve, to offer you better comprehensive customer service.

EASY-TO-USE WEBSITE

Our website is easy to use and available 24 hours a day. Simply go to the members’ section to explore areas of interest, such as:

• Pharmacy Finder —
  a handy tool to quickly identify pharmacies in your area.

• Essential forms —
  easy to download before doctor visits.

• My Health Zone —
  an interactive online educational tool. My Health Zone includes a variety of information you can personalize to help you and your family make healthy lifestyle decisions. A medical library, along with motivational tools and activities, is also available to help you manage nutrition, allergies, asthma and other health issues.

We welcome your questions, comments and suggestions to provide you with exceptional customer service!
PRIOR AUTHORIZATION

REVIEWING MEDICATIONS

Our independent review committee (including physicians and pharmacists) meets regularly to review medications, consider how they should be covered by prescription benefit plans and recommend prior authorization guidelines.

SAFE AND EFFECTIVE

When making a recommendation, the review committee focuses on a medication’s proven safety, effectiveness and cost.

The committee considers:

- Food and Drug Administration (FDA) approved indications
- Manufacturer’s package labeling instructions
- Well-accepted or published clinical recommendations

GETTING A SHORT-TERM SUPPLY

If you must start taking a medication right away that requires prior authorization, two options may be available to you. First, ask your doctor if a drug sample is available. If not, then check with your pharmacy to request a short-term supply of five days or less — keep in mind you would be responsible for the full payment at that time. If the prior authorization is approved, then your pharmacist can dispense the rest of the prescription.

REQUESTING A PRIOR AUTHORIZATION

You, your pharmacist, or physician can start the prior authorization process by contacting our customer service center. A customer service representative will work with your doctor’s office and/or pharmacy to gather the information needed for the prior authorization. If requested, the representative can fax a prior authorization form to your prescribing physician.

When the physician returns the completed form, a detailed clinical review is done within two business days. Then, you and your physician receive letters with the prior authorization decision.

See the next page for the prior authorization medication list.

Why do I need a prior authorization for some medications?

Some medications must be authorized for coverage because they’re only approved or effective in treating specific illnesses, they cost more, or they may be prescribed for conditions for which safety and effectiveness have not been well-established.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com
# Prior Authorization List

For additional information, contact us at 1.877.559.2955. 24-hours a day, 7 days a week, or visit our website at www.innoviant.com.

## Non-standard Categories
- Anorectics or weight control products
- Topical Acne (over age 26)

<table>
<thead>
<tr>
<th>Category</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiarrhythmics</td>
<td>Multaq</td>
</tr>
<tr>
<td>Antibiotic</td>
<td>Zyvox</td>
</tr>
<tr>
<td>Anticonvulsant</td>
<td>Sabril</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Emsam</td>
</tr>
<tr>
<td>Antifungal</td>
<td>Noxafil</td>
</tr>
<tr>
<td>Antimalarial Agents</td>
<td>Qualaquin</td>
</tr>
<tr>
<td>Antineoplastic Agents</td>
<td>Afinitor, Tasigna, Zolinza, Arzerra, Votrient, Saphris</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Clozaril (clozapine)</td>
</tr>
<tr>
<td>Antiviral</td>
<td>Fuzeon</td>
</tr>
<tr>
<td>Antiviral Monoclonal Antibodies</td>
<td>Synagis</td>
</tr>
<tr>
<td>Anti-catalepsy</td>
<td>Xyrem</td>
</tr>
<tr>
<td>Anti-emetic</td>
<td>Cesamet, Marinol, Kytril</td>
</tr>
<tr>
<td>Asthma</td>
<td>Xolair</td>
</tr>
<tr>
<td>CNS Stimulant</td>
<td>Provigil, Nuvigil</td>
</tr>
<tr>
<td>Cryopyrin-associated Periodic Syndromes</td>
<td>Arcalyst, Llaris</td>
</tr>
<tr>
<td>Enzyme Replacement Therapy</td>
<td>Myozyme, Elaprase</td>
</tr>
<tr>
<td>Gastrointestinal Agents - Misc.</td>
<td>Amitiza</td>
</tr>
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<td>Gaucher Disease</td>
<td>Zavesca</td>
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<td>Growth Hormone</td>
<td>Genotropin, Norditropin, Humatrope, Nutropin / AQ</td>
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<td>Omnitrope, Saizen, Tev-Tropin</td>
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<td>Serotim, Zorbtive</td>
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<td>Hematological Agents</td>
<td>Soliris</td>
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<td>Hematopoietic Growth Factors</td>
<td>Aranesp, Epogen</td>
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<td>Leukine, Neulasta</td>
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<td>Neupogen, Nplate</td>
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<td>Procrit, Promacta</td>
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<td>Hepatitis C</td>
<td>Infergen, Pegasys</td>
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<td>PEG-Intron, Rebetron</td>
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<td>Hereditary Angioedema</td>
<td>Berinert</td>
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<td>Cinryze</td>
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<td>Huntington's disease</td>
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<td>Insulin-like Growth Factor</td>
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<td>Ampyra, Iplex</td>
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<td>Betaseron, Avonex</td>
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<td>Extavia, Copaxone</td>
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<td>Rebif</td>
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<td>Somatuline, Sandostatin</td>
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<td>Tyvaso, Ventavis</td>
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<td>Neuronal Blocking Agent</td>
<td>Botox, Bysport</td>
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<td>Relistor</td>
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<td>Opioid-Induced Constipation</td>
<td>Reclast</td>
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<tr>
<td>Paget's Disease</td>
<td>Adcirca, Letairis</td>
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<tr>
<td>Plaque Psoriasis</td>
<td>Revatio, Tracleer</td>
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<td>Pulmonary Hypertension Agents</td>
<td>Adcirca, Letairis</td>
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<td>Revatio, Tracleer</td>
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<td>Rheumatoid Arthritis</td>
<td>Ridaura</td>
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<td>Somatostatic Agents</td>
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<td>Stem Cell Mobilizer</td>
<td>Mozobil</td>
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<td>TNF-Antagonists — Step Therapy</td>
<td>Cimzia, Enbrel</td>
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<tr>
<td>Vasopressin V2-receptor antagonist</td>
<td>Samsca</td>
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</table>

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**How do I fill a prescription?**

When you take your prescription to a pharmacy, show your ID card to ensure your prescription claim processes correctly.

**How many pharmacies are in the network?**

Our network has more than 58,000 chain and independent pharmacies throughout the U.S., Puerto Rico, Guam and the Virgin Islands.

**How do I find a network pharmacy?**

Visit our website and use the pharmacy look-up feature. When you enter a ZIP code close to home or work, you’ll see a list of participating pharmacies, including their locations and phone numbers. Or take a look at our pharmacy network brochure. It has an alphabetical listing of many pharmacies in our retail network. The pharmacy listing may be included with your benefit information and is also available through customer service.

**What if my pharmacy is not in the Innoviant network?**

Any pharmacy may join the Innoviant network. Ask your local pharmacy to contact our customer service center, and we will process their request to join our network. A new network pharmacy is usually setup within one business day.

**What is a Preferred Products List?**

A Preferred Products List (PPL) includes commonly prescribed preferred brand and generic products. Using the PPL can save you money. Show it to your physician, and, together, you can decide on the most effective prescription products for you. A PPL may be included in your enrollment packet.

**Are generic medications as effective as brand names?**

Yes, for most people. Generics are copies of brand name medications that have been fully tested and approved by the FDA. Generics have the same strength, purity, safety and quality as more expensive brand name drugs.
**When can I refill my prescription(s)?**

Prescription refills authorized by your doctor may be refilled after you have used 70 percent of the medication. For example, if you’ve used 21 days of medication out of a 30-day prescription, or 63 days of medication out of a 90-day supply, you can refill the medication.

**Which medications require prior authorization?**

We recommend a limited number of products for prior authorization. A listing may be included in your enrollment packet. For a current listing, visit our website or call customer service.

**What if the medicine my doctor prescribes needs a prior authorization, but I need to start taking it right away?**

Ask your doctor if a drug sample is available. Or see if the pharmacist can fill a short-term supply of five days or less. You will still be responsible for the 30-day copayment. If the prior authorization is approved, then your pharmacist can dispense the rest of your prescription.

**How do I request permission to refill my medication early, such as before going on vacation?**

Contact customer service to request an early refill authorization. Please note, the authorization will not exceed a one-month supply.

**How do I request a prior authorization?**

You or your pharmacist may contact customer service. A customer service representative will work with your doctor’s office and pharmacy to gather the information required.

**How do I use the mail order program?**

If your plan offers mail order service and you would like to start using the program, call customer service to request a registration form. Mail order information may also be included in your enrollment packet and is available online too. You will need a new written prescription from your doctor for up to a 90-day supply.

**How long will it take to get my medications from the mail order pharmacy?**

New mail order prescriptions will usually arrive within three weeks of placing an order. Refills usually arrive within two weeks. We recommend you place your order at least two weeks before you need your medication.

**Who should I call with questions about my prescription benefits?**

Contact customer service at 1.877.559.2955.

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QUANTITY LIMITS ON MEDICATIONS

DETERMINING QUANTITY LIMITS

Quantity limits are meant to minimize the risk of over-dosing and unwanted drug interactions. Quantity limit rules are based on:

- Food and Drug Administration (FDA) approved indications
- Manufacturer’s package labeling instructions
- Well-accepted or published clinical recommendations

ESTABLISHING GUIDELINES FOR USE

An independent review committee (including physicians and pharmacists) meets regularly to review existing medications and new medications coming to market.

For each prescription product, they consider how the medication should be covered under a prescription benefit plan. These physicians and pharmacists recommend when a medication needs quantity limits.

Why do some medications have quantity limits?

Quantity limits are in place to support appropriate dosing. They are based on solid recommendations from the FDA and other medical sources.

For additional information, contact us at 1.877.559.2955 24-hours a day, 7 days a week, or visit our website at www.innoviant.com
### QUANTITY LIMITS

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<thead>
<tr>
<th>DRUG NAME</th>
<th>THERAPY CLASS</th>
<th>LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acanya Dermatological - Acne</td>
<td>1 kit per month</td>
<td></td>
</tr>
<tr>
<td>Actiq (fentanyl oral transmucosal) Narcotic analgesic</td>
<td>120 units per month (4 per day)</td>
<td></td>
</tr>
<tr>
<td>Actonel 35 mg Osteoporosis</td>
<td>4 tablets per 28 days</td>
<td></td>
</tr>
<tr>
<td>Actonel 75 mg Osteoporosis</td>
<td>2 tablets per 30 days</td>
<td></td>
</tr>
<tr>
<td>Actonel 150 mg Osteoporosis</td>
<td>1 tablet per 30 days</td>
<td></td>
</tr>
<tr>
<td>Acular Ophthalmic NSAID</td>
<td>15 mL per month</td>
<td></td>
</tr>
<tr>
<td>Acular LS Ophthalmic NSAID</td>
<td>5 mL per month</td>
<td></td>
</tr>
<tr>
<td>Acuvail Ophthalmic NSAID</td>
<td>64 units per 180 days</td>
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<tr>
<td>Adoxa (doxycycline monohydrate) 100 mg</td>
<td>30 tablets per prescription</td>
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<tr>
<td>Adoxa (doxycycline monohydrate) 50 mg, 75 mg</td>
<td>20 tablets per prescription</td>
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<tr>
<td>Adefx CK kit, TT kit Antibiotic</td>
<td>1 Kit per prescription</td>
<td></td>
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<tr>
<td>Advair Diskus/HFA Asthma/COPD</td>
<td>1 device per month</td>
<td></td>
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<tr>
<td>Aerobid, Aerobid-M Asthma/COPD</td>
<td>3 devices per month</td>
<td></td>
</tr>
<tr>
<td>Alocril Ophthalmic antiallergic</td>
<td>3 (5 mL) bottles per month</td>
<td></td>
</tr>
<tr>
<td>Alomide Ophthalmic antiallergic</td>
<td>3 (10 mL) bottles per month</td>
<td></td>
</tr>
<tr>
<td>Alora Hormone replacement therapy</td>
<td>8 patches per 28 days</td>
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<tr>
<td>Alphagan P Ophthalmic-misc</td>
<td>10 mL per month</td>
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<tr>
<td>Alrex Ophthalmic steroid</td>
<td>3 (5 mL) bottles per month</td>
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<tr>
<td>Altabax Antibiotics-topical</td>
<td>1 tube per month</td>
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<tr>
<td>Alvesco Asthma/COPD</td>
<td>2 devices per month</td>
<td></td>
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<tr>
<td>Amerge Acute migraine therapy</td>
<td>18 tablets per month</td>
<td></td>
</tr>
<tr>
<td>Anzemet Nausea and vomiting</td>
<td>1 tablet per month</td>
<td></td>
</tr>
<tr>
<td>Aranesp Hematopoietic agent</td>
<td>28 day supply per dispense</td>
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<tr>
<td>Asmanex 110 mcg Asthma/COPD</td>
<td>1 device per month</td>
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<td>Asmanex 220 mcg Asthma/COPD</td>
<td>3 devices per month</td>
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<td>Astelin Allergy-Intranasal</td>
<td>2 (30 mL) devices per month</td>
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</tr>
<tr>
<td>Astepro Allergy-Intranasal</td>
<td>2 (30 mL) devices per month</td>
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<tr>
<td>Avinza 120 mg Narcotic analgesic</td>
<td>60 capsules per month (2 per day)</td>
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<tr>
<td>Avinza 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</td>
<td>30 capsules per month (1 per day)</td>
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<tr>
<td>Avonex Multiple sclerosis</td>
<td>4 injections per month</td>
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<tr>
<td>Axert Acute migraine therapy</td>
<td>12 tablets per month</td>
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<tr>
<td>Azasite Ophthalmic antibiotic</td>
<td>1 (2.5 mL) bottle per month</td>
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<tr>
<td>Azmacort Asthma/COPD</td>
<td>2 devices per month</td>
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<td>Beconase AQ Allergy-Intranasal</td>
<td>2 (25 gm) devices per month</td>
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<tr>
<td>Beprave Ophthalmic antihistamine</td>
<td>1 (10 mL) bottle per month</td>
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<tr>
<td>Besivance Ophthalmic antibiotic</td>
<td>5 mL per month</td>
<td></td>
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<tr>
<td>Betaseron Multiple Sclerosis</td>
<td>14 injections per month</td>
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<tr>
<td>Blood glucose testing strips (all brands and generics) Diabetic testing supplies</td>
<td>150 test strips per month</td>
<td></td>
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<tr>
<td>Boniva 150mg Osteoporosis</td>
<td>1 tablet per 30 days</td>
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<td>Brimonidine sol. Ophthalmic-misc</td>
<td>10 mL per month</td>
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<td>Catapres-TTS -1 (clonidine TD patch-1) Blood Pressure</td>
<td>5 patches per month</td>
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<tr>
<td>Catapres-TTS -2, -3 (clonidine TD patch -2, -3) Blood Pressure</td>
<td>10 patches per month</td>
<td></td>
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<tr>
<td>Cesamet Nausea and vomiting</td>
<td>20 capsules per copay</td>
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<td>Cialis 2.5 mg, 5 mg Sexual dysfunction</td>
<td>30 tablets per month</td>
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<td>Cialis 10 mg, 20 mg Sexual dysfunction</td>
<td>6 tablets per month</td>
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<td>Ciloxan Ophthalmic Ointment</td>
<td>7 gm per month</td>
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<td>Ciloxan Ophthalmic Solution</td>
<td>10 mL per month</td>
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<tr>
<td>Cimzia TNF Antagonist</td>
<td>2 doses per 28 days</td>
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<tr>
<td>Ciprofloxacin Ophthalmic Solution</td>
<td>10 mL per month</td>
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<tr>
<td>Climara Hormone replacement therapy</td>
<td>4 patches per 28 days</td>
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</tbody>
</table>

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## QUANTITY LIMITS

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<th>DRUG NAME</th>
<th>THERAPY CLASS</th>
<th>LIMIT</th>
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<tr>
<td>Climara Pro</td>
<td>Hormone replacement therapy</td>
<td>4 patches per 28 days</td>
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<td>Combipatch</td>
<td>Hormone replacement therapy</td>
<td>8 patches per 28 days</td>
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<td>Copaxone</td>
<td>Multiple Sclerosis</td>
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<td>Diclofenac Ophthalmic Solution</td>
<td>Ophthalmic - NSAIDS</td>
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<td>Diflucan (fluconazole) 150 mg</td>
<td>Antifungal</td>
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<td>Doryx 100 mg</td>
<td>Antibiotic</td>
<td>30 tablets per prescription</td>
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<td>Doryx 75 mg</td>
<td>Antibiotic</td>
<td>20 tablets per prescription</td>
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<tr>
<td>Duragesic (fentanyl TD)</td>
<td>Narcotic analgesic</td>
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<tr>
<td>Duragesic (fentanyl TD)</td>
<td>Narcotic analgesic</td>
<td>30 patches per month</td>
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<td>Elestat</td>
<td>Ophthalmic antiallergic</td>
<td>2 (5 mL) bottles per 30 days</td>
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<tr>
<td>Embeda</td>
<td>Narcotic analgesic</td>
<td>60 capsules per month (2 per day)</td>
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<td>Emend 80mg, 125 mg</td>
<td>Nausea and vomiting</td>
<td>3 capsules per month</td>
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<td>Emend (combo pack) 125 mg- 80 mg</td>
<td>Nausea and vomiting</td>
<td>1 pack per month</td>
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<tr>
<td>Enbrel 25mg</td>
<td>TNF Antagonist</td>
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<td>Enbrel 50mg</td>
<td>TNF Antagonist</td>
<td>4 doses per 28 days</td>
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<td>Epogen</td>
<td>Hematopoietic agent</td>
<td>28 day supply per dispense</td>
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<td>Estradyl TD patch weekly</td>
<td>Hormone replacement therapy</td>
<td>8 patches per 28 days</td>
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<tr>
<td>Estradiol TD patch weekly</td>
<td>Hormone replacement therapy</td>
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<td>Estrasorb</td>
<td>Hormone replacement therapy</td>
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<td>Estrigel</td>
<td>Hormone replacement therapy</td>
<td>1 bottle (93 gm) per month</td>
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<td>Estring</td>
<td>Hormone replacement therapy</td>
<td>1 device per 3 months (3 copays)</td>
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<td>Extavia</td>
<td>Multiple Sclerosis</td>
<td>15 injections per month</td>
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<td>Femring</td>
<td>Hormone replacement therapy</td>
<td>1 device per 3 months (3 copays)</td>
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<td>Fentora</td>
<td>Narcotic analgesic</td>
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<td>Flovent Diskus 250 mcg</td>
<td>Asthma/COPD</td>
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<tr>
<td>Flovent Diskus 50 mcg, 100 mcg</td>
<td>Asthma/COPD</td>
<td>120 blisters per month</td>
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<tr>
<td>Flovent HFA</td>
<td>Asthma/COPD</td>
<td>2 devices per month</td>
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<td>Flurbiprofen Ophthalmic Solution</td>
<td>Ophthalmic - NSAIDS</td>
<td>2.5 mL per month</td>
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<td>Foradil</td>
<td>Asthma/COPD</td>
<td>60 capsules per month</td>
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<td>Forteo</td>
<td>Osteoporosis</td>
<td>24 months of therapy</td>
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<tr>
<td>Fortical (calcitonin) nasal spray</td>
<td>Osteoporosis</td>
<td>3.7 mL per month</td>
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<td>Fosamax 35 mg, 70 mg</td>
<td>Osteoporosis</td>
<td>4 tablets per 28 days</td>
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<td>Fosamax D 70/2800, 70/5600</td>
<td>Osteoporosis</td>
<td>4 tablets per 28 days</td>
</tr>
<tr>
<td>Fosamax Oral Solution</td>
<td>Osteoporosis</td>
<td>375 mL per month</td>
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<td>Frova</td>
<td>Acute migraine therapy</td>
<td>18 tablets per month</td>
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<td>Gelrique Gel</td>
<td>Genitourinary</td>
<td>30 sachets per month (1 sachet daily)</td>
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<td>Golytely (PEG 3350 electrolyte sol)</td>
<td>Laxatives</td>
<td>4000 mL per prescription</td>
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<td>Helidac</td>
<td>Ulcer therapy</td>
<td>1 kit per 6 months</td>
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<tr>
<td>Humira</td>
<td>TNF Antagonist</td>
<td>1 package (2 doses) per 28 days</td>
</tr>
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<td>Humira Crohn's Disease Starter Kit</td>
<td>TNF Antagonist</td>
<td>1 kit per year</td>
</tr>
<tr>
<td>Humira Psoriasis Starter Kit</td>
<td>TNF Antagonist</td>
<td>1 kit per year</td>
</tr>
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<td>Imitrex (sumatriptan) 25 mg, 50 mg, 100 mg</td>
<td>Acute migraine therapy</td>
<td>18 tablets per month</td>
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<tr>
<td>Imitrex (sumatriptan) Injections</td>
<td>Acute migraine therapy</td>
<td>4 kits per month</td>
</tr>
<tr>
<td>Imitrex (sumatriptan) Nasal Spray</td>
<td>Acute migraine therapy</td>
<td>12 devices (2 packages) per month</td>
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<td>Iquix</td>
<td>Ophthalmic antibiotic</td>
<td>15 mL per month</td>
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<tr>
<td>Kadian</td>
<td>Narcotic analgesic</td>
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<td>Antibiotics</td>
<td>20 dosage units per 30 days</td>
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<td>ketorolac 10 mg</td>
<td>Analgesics and narcotics</td>
<td>20 tablets per month</td>
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<td>Kytril (granisetron)</td>
<td>Nausea and vomiting</td>
<td>2 tablets per month</td>
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<td>Lamictal XR Kit</td>
<td>Anticonvulsants</td>
<td>1 box per prescription</td>
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<td>Drug Name</td>
<td>Therapy Class</td>
<td>Limit</td>
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<td>Levitra</td>
<td>Sexual dysfunction</td>
<td>6 tablets per month</td>
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<td>Lidoderm</td>
<td>Anesthetic patch</td>
<td>3 boxes (90 patches) per month or 3 patches per day</td>
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<td>Livostin</td>
<td>Ophthalmic antiallergic</td>
<td>2 (5 ml) bottles per month</td>
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<td>Lumigan</td>
<td>Glaucoma</td>
<td>1 (2.5 ml) bottle per month</td>
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<td>Lupron Depot 11.25, 22.5</td>
<td>Cancer</td>
<td>1 unit per 90 days</td>
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<td>Luveris</td>
<td>Infertility</td>
<td>14 vials per copay</td>
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<td>Maxalt and Maxalt MLT</td>
<td>Acute migraine therapy</td>
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<td>Menostar</td>
<td>Osteoporosis</td>
<td>4 patches per 28 days</td>
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<tr>
<td>Mesalamine Kit</td>
<td>Gastrointestinal - misc</td>
<td>1 kit per 7 days</td>
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<tr>
<td>Metozolv ODT</td>
<td>Gastrointestinal - misc</td>
<td>12 weeks of therapy per 6 months</td>
</tr>
<tr>
<td>Miocalcin (calcitonin) nasal spray</td>
<td>Osteoporosis</td>
<td>3.7 ml per month</td>
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<tr>
<td>Migrale</td>
<td>Acute migraine therapy</td>
<td>8 units (1 kit) per month</td>
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<tr>
<td>MS contin (morphine sulfate ER) 15 mg, 30 mg, 60 mg, 100 mg</td>
<td>Narcotic analgesic</td>
<td>120 tablets per month (4 per day)</td>
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<tr>
<td>MS contin (morphine sulfate ER) 200 mg</td>
<td>Narcotic analgesic</td>
<td>90 tablets per month (3 per day)</td>
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<tr>
<td>Nasacort AQ</td>
<td>Allergy-Intranasal</td>
<td>1 (16.5 gm) device per month</td>
</tr>
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<td>Nasonex</td>
<td>Allergy-Intranasal</td>
<td>2 (17 gm) devices per month</td>
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<tr>
<td>Natacyn</td>
<td>Ophthalmic antibiotic</td>
<td>1 (15 ml) bottle per 15 days</td>
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<tr>
<td>Neulasta</td>
<td>Hematopoietic agent</td>
<td>28 day supply per dispense</td>
</tr>
<tr>
<td>Neupogen</td>
<td>Hematopoietic agent</td>
<td>28 day supply per dispense</td>
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<tr>
<td>Nevanac</td>
<td>Ophthalmic NSAID</td>
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<td>Nucynta 50 mg, 75 mg</td>
<td>Narcotic analgesic</td>
<td>180 tablets per month (6 per day)</td>
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<td>Ocuflox</td>
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<td>Ofloxacin Ophthalmic Drops</td>
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<td>Onsolis</td>
<td>Narcotic analgesic</td>
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<td>Opana</td>
<td>Narcotic analgesic</td>
<td>180 tablets per month (6 per day)</td>
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<td>Opana ER</td>
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<td>Ophthalmic antiallergic</td>
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<td>Oramorph SR</td>
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<td>Narcotic analgesic</td>
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<td>Genitourinary</td>
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<td>Pataday</td>
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<td>2 (2.5 ml) bottles per 30 days</td>
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<tr>
<td>Patanac</td>
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<td>1 (30.5 ml) bottle per month</td>
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<tr>
<td>Patanol</td>
<td>Ophthalmic antiallergic</td>
<td>2 (5 ml) bottles per 30 days</td>
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<tr>
<td>Pegasses</td>
<td>Hepatitis C</td>
<td>4 vials per 28 days</td>
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<td>Pegasses kit</td>
<td>Hepatitis C</td>
<td>1 kit per 28 days</td>
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<td>Plan B One-Step</td>
<td>Emergency contraceptive</td>
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<td>Prevacid NapraPAC</td>
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<td>1 box (84 units) per month</td>
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<td>H. pylori</td>
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<td>Asthma/COPD</td>
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<td>Procrit</td>
<td>Hematopoietic agent</td>
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<td>Asthma/COPD</td>
<td>2 devices per month</td>
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<td>Prozac Weekly</td>
<td>SSRI antidepressant</td>
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<td>Pulmicort</td>
<td>Asthma/COPD</td>
<td>2 devices per month</td>
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<td>Pylera</td>
<td>H. pylori</td>
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<td>Quixin</td>
<td>Ophthalmic antibiotic</td>
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<td>QVAR 40 mcg</td>
<td>Asthma/COPD</td>
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<td>QVAR 80 mcg</td>
<td>Asthma/COPD</td>
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<tr>
<td>Rebif</td>
<td>Multiple Sclerosis</td>
<td>12 injections per 28 days</td>
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## QUANTITY LIMITS

For additional information, contact us at **1.877.559.2955** 24-hours a day, 7 days a week, or visit our website at [www.innoviant.com](http://www.innoviant.com)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Therapy Class</th>
<th>Limit</th>
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<tr>
<td>Rebinet Pack</td>
<td>Multiple Sclerosis</td>
<td>1 titration pack per year</td>
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<td>Regenerac Wound Gel</td>
<td>Wound care</td>
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<td>Regranex</td>
<td>Wound care</td>
<td>2 (15 gm) tubes per month</td>
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<td>Relenza</td>
<td>Influenza antiviral</td>
<td>20 blister per month</td>
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<td>Relpx</td>
<td>Acute migraine therapy</td>
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<tr>
<td>Restasis</td>
<td>Ophthalmic-other</td>
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<tr>
<td>Retin-A Micro Pump</td>
<td>Dermatological - Acne</td>
<td>50 gm per month</td>
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<td>Revlimid</td>
<td>Cancer</td>
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<tr>
<td>Rhinocort Aqua</td>
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<td>2 (8.6 gm) devices per month</td>
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<td>Rowasa Kit</td>
<td>Gastrointestinal - misc</td>
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<tr>
<td>Sancuso</td>
<td>Nausea and vomiting</td>
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<tr>
<td>Savella Titration Pack</td>
<td>Fibromyalgia</td>
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<td>Seasonale (Seasonique)</td>
<td>Contraception</td>
<td>1 package per 91 days (3 copays)</td>
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<td>Serevent Diskus</td>
<td>Asthma/COPD</td>
<td>1 device per month</td>
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<td>Simponi</td>
<td>TNF Antagonist</td>
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<tr>
<td>Solaraze</td>
<td>Dermatological - Actinic Keratoses</td>
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<td>Sotirane Kit 10 mg</td>
<td>Psoriasis</td>
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<td>Sotirane Kit 25 mg</td>
<td>Psoriasis</td>
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<td>Spiriva</td>
<td>Asthma/COPD</td>
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<td>Stadol NS (butorphanol)</td>
<td>Narcotic analgesic nasal spray</td>
<td>4 (2.5 ml) pumps per month</td>
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<td>Suboxone</td>
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<td>Subutex 2 mg</td>
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<td>Subutex 8 mg</td>
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<td>Acute Migraine Therapy</td>
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<td>Symbocort</td>
<td>Asthma/COPD</td>
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<td>Tamiflu 45 mg, 75 mg</td>
<td>Influenza antiviral</td>
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<td>Tamiflu Oral Suspension</td>
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<td>Travatan Z</td>
<td>Glaucoma</td>
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<td>Treximet</td>
<td>Acute migraine therapy</td>
<td>9 tablets per month</td>
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<td>Ventolin HFA</td>
<td>Asthma/COPD</td>
<td>2 devices per month</td>
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<td>Veramyst</td>
<td>Allergy-Intranasal</td>
<td>110 gm device per month</td>
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<td>Veregen</td>
<td>External genital warts</td>
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<td>Viagra</td>
<td>Sexual dysfunction</td>
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<tr>
<td>Vigamox</td>
<td>Ophthalmic antibiotic</td>
<td>3 mL per month</td>
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<tr>
<td>Viroptic (trifluridine)</td>
<td>Ophthalmic antiviral</td>
<td>1 (7.5 ml) bottle per 15 days</td>
</tr>
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<td>Vivelle</td>
<td>Hormone replacement therapy</td>
<td>8 patches per 28 days</td>
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<tr>
<td>Vivelle-Dot</td>
<td>Hormone replacement therapy</td>
<td>8 patches per 28 days</td>
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<tr>
<td>Voltaren (diclofenec)</td>
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<tr>
<td>Xalatan</td>
<td>Glaucoma</td>
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<tr>
<td>Xibrom solution</td>
<td>Ophthalmic NSAID</td>
<td>5 mL per month</td>
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<tr>
<td>Xopenex HFA</td>
<td>Asthma/COPD</td>
<td>2 devices per month</td>
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<tr>
<td>Xyrem</td>
<td>Narcolepsy/Cataplexy</td>
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<td>Zofran (ondansetron) 2 mg, 4 mg, 8 mg</td>
<td>Nausea and vomiting</td>
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<td>Zofran (ondansetron) ODT 2 mg, 4 mg, 8 mg</td>
<td>Nausea and vomiting</td>
<td>18 tablets per month</td>
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<tr>
<td>Zofran (ondansetron) oral solution</td>
<td>Nausea and vomiting</td>
<td>200 mL per month</td>
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<td>Zomig and Zomig ZMT 2.5 mg</td>
<td>Acute migraine therapy</td>
<td>18 tablets per month</td>
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<td>Zomig and Zomig ZMT 5 mg</td>
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<tr>
<td>Zomig Nasal Spray</td>
<td>Acute migraine therapy</td>
<td>12 devices (2 packages) per month</td>
</tr>
<tr>
<td>Zymar</td>
<td>Ophthalmic antibiotic</td>
<td>5 mL per month</td>
</tr>
</tbody>
</table>

This notice does not imply coverage. Plan booklets provide specific benefit and coverage limitations.

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NV0097 • 03-23-10 • p 5/5
MAIL ORDER PHARMACY

OVERVIEW

As part of your plan benefits, you and your eligible dependents have access to our mail service pharmacy, Innoviant Pharmacy. Through Innoviant Pharmacy you will receive quick, safe and reliable services including:

• Postage-paid delivery right to your door
• Registration by mail, fax or online
• Refills by mail, fax, online or phone
• Email notifications of order status
• Multilingual pharmacists
• TTY service for hearing impaired members

Mail order is not recommended for short-term medications, such as antibiotics. These prescriptions should be filled at a participating retail pharmacy.

Coverage varies from plan-to-plan. Please refer to your plan documents for information on your prescription copayment amounts.

GENERICS = MONEY SAVINGS

Be sure to ask your doctor to prescribe a generic equivalent when possible. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be just as safe and effective. Choosing generic drugs can help you keep your out-of-pocket prescription costs under control.

COVERED PRODUCTS

Most prescription products covered by your prescription benefit plan and taken on an ongoing basis are available from Innoviant Pharmacy.

Occasionally, you may receive prescriptions for non-covered medications, such as those available over-the-counter, or your physician may use the prescription pad to write down recommended non-prescription items. These items are not available by mail order.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com
QUANTITIES

If allowable by law, you can receive up to a 90-day supply when your physician prescribes a 90-day supply. Some medications may only be dispensed for the exact quantity as written by your physician, which may be less than 90 days (i.e. controlled substances and antidepressants).

NEW PRESCRIPTIONS

For each new prescription, we recommend asking your doctor for a single 30-day prescription to be filled at a participating retail pharmacy. This gives you time to try the medicine so you and your physician can see if it works as intended. If the medication is right for you, ask your physician for a 90-day prescription to be filled by Innoviant Pharmacy.

If you already have a prescription at a local pharmacy, you will need to ask your physician for a new 90-day prescription to fill through the mail order service. Innoviant Pharmacy must have a written prescription on file.

PRESCRIPTION EXPIRATION DATE

Prescriptions typically expire one year (but sometimes sooner) from the date they are written. After the expiration date, you must obtain a new prescription from your doctor — even if the label shows refills remaining.

PRESCRIPTION DELIVERY

New mail order prescriptions will usually arrive within three weeks of placing an order. Refills usually arrive within two weeks. We recommend you place your order at least two weeks before you need your medication.

GETTING STARTED

If the Innoviant Pharmacy mail order service is right for you, complete a registration/order form and mail it to us, along with your written prescription and copayment. Extra mail order forms are available by calling customer service or from our website.

CUSTOMER SERVICE

If you have any questions or need a mail order form, call Innoviant Pharmacy at 1.877.390.9200. We'll help you get started with using the mail order pharmacy service.
WHAT ARE GENERICS?

All medications have a generic name, but not all are available as a generic. Pharmaceutical manufacturers apply to the Food & Drug Administration (FDA) when they want to produce a new product. The FDA grants them a patent protection period, which allows manufacturers a chance to recover what they spend on making a new product and return a profit for it. When patents for brand name medications expire, generic manufacturers can apply to the FDA to begin making generic versions of them.

ARE GENERIC MEDICATIONS AS EFFECTIVE AS BRAND NAMES?

Yes. Generics are copies of brand name medications that have been fully tested and approved by the FDA. Compared to products with brand names, generics are proven to act the same way in the body. Their strength, active ingredients, safety and quality match their more expensive branded counterparts.

WHY ARE GENERICS LESS EXPENSIVE?

Each brand product is usually made by just one manufacturer (or, sometimes, as a partnership by more than one), but generic manufacturers can each make their own version of a brand name medication. So, the price of a generic medication depends on how many manufacturers make the same product. More manufacturers means there is more competition, which usually lowers the price for generics.

IF I HAVE PRESCRIPTION BENEFIT COVERAGE, HOW DOES USING GENERICS HELP ME SAVE MONEY?

Generic medications can save you money two different ways. First, even with prescription coverage, you probably pay less out-of-pocket for generics than for brand name medications. Second, using generics also means you’re doing something to lower your benefit plan’s cost for providing your coverage — and that helps keep the cost of your overall benefit plan more affordable from one year to the next.

HOW MUCH OF A DIFFERENCE IN COST IS THERE BETWEEN A GENERIC AND A BRAND MEDICATION?

The average cost for a preferred brand medication is $108.29, while the average cost for a generic medication is $26.46. So, per prescription, generics cost nearly 75 percent less than branded medications.
**What is the difference between a generic equivalent and a generic alternative?**

A generic equivalent is a generic medication that is chemically the same as its brand name counterpart. When a branded medication does not have a direct generic equivalent, a generic alternative is another way to still save money by using generics. Generic alternatives are FDA approved to treat the same conditions as branded products that don’t have generic equivalents available on the market yet.

**Isn’t it up to my doctor or pharmacist to decide if I should get a generic medication?**

Yes, to some extent it is. But letting your doctor and pharmacist know you’re interested in using generic medications to treat your medical needs could save you money. For example, there are many medications available to treat high blood pressure. Some aren’t available as generics (they don’t have generic equivalents yet), but there are many generic alternatives that can treat high blood pressure for less than $10 per month.

Though often overlooked by prescribers — due to the aggressive marketing of brand name drugs — generic medications are available to treat:

- High blood pressure
- Pain management
- Dyspepsia (indigestion, heartburn, low-grade reflux)
- Diabetes

Other underutilized generics include:

- Antibiotics
- Oral contraceptives
- Sedative hypnotics (sleep aids)

**What should I do if I’m interested in reducing my costs?**

Any discussion about generics should start with your physician or pharmacist, and using generics should be a joint decision. If you’re interested in lowering your out-of-pocket copayments and your benefit plan’s costs:

1. Make a list of the medications you currently take.
2. Go over the list with your physician to find out if any generic equivalents and/or generic alternatives are available.
3. When your doctor prescribes a new medication, ask if there are any generics that would be appropriate.
4. Tell your pharmacist that you prefer to receive generic medications whenever possible.

**If I have more questions about generic medications, who can ask for more information?**

You can ask your doctor and pharmacist about generics, or call our customer service center.

For additional information, contact us at **1.877.559.2955**

24-hours a day, 7 days a week, or visit our website at [www.innoviant.com](http://www.innoviant.com)
WISE CHOICE Rx

PERSONALIZED BENEFIT CONSULTATION

Wise Choice Rx is a unique service that helps you identify and use money saving options in your prescription benefits program. This service is available at no cost to you. When you contact us, a pharmacy benefit representative schedules a time for your personalized benefit consultation. Before your appointment, the representative reviews your medications and searches for ways you could pay less for them using your prescription benefits program. The representative shares this information with you during your consultation and helps you start using options that are right for you.

The following options may be reviewed during your consultation depending on your plan's benefit design:

• Generics: Generic medications cost less without sacrificing quality.
• Preferred Products: Medicines on the Preferred Products List cost less than other brand name products.
• Mail Order Pharmacy Service: With mail order, you may save money and have up to a 90-day supply delivered right to your home.
• Tablet Splitting: Some medications can be safely split to save money without decreasing how effective they are.
• Rx OTC: Select over-the-counter medication products are less expensive and may be covered by your benefit program.

SAVE PLAN EXPENSES

Contacting Wise Choice Rx is also good for your prescription benefits program. Options reviewed during your personalized benefit consultation usually save money for both you and your plan. By using your plan’s money saving features, you help manage the cost of your prescription coverage.

GET STARTED WITH WISE CHOICE Rx

To schedule your personalized benefit consultation, contact Wise Choice Rx at 1.877.809.6996. We’re available Monday through Friday, 7 a.m. to 6 p.m. CT.

How can I use my prescription benefit plan’s features to pay less for my medications?

Wise Choice Rx analyzes your prescriptions and helps you use your plan’s built-in options to get the most out of each dollar you spend on medications.

For additional information, contact us at 1.877.559.2955
24-hours a day, 7 days a week, or visit our website at www.innoviant.com

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Information provided to you through the Wise Choice Rx program is intended to educate you about cost savings measures under your prescription benefits program. It is not intended to substitute for the professional medical advice, diagnosis or treatment of a physician, pharmacist or other health care professional. Always seek the advice of your physician or other qualified health provider regarding any questions you may have about a medical condition or a prescription.

If you think you have a medical emergency, call your doctor or 911 immediately.
Appointment / Recognition of Authorized Representative

Innoviant members have the right to access, copy, or inspect their protected health information. Protected Health Information (PHI) refers to individually identifiable health information that relates to the past, present, or future physical or mental condition of an individual.

In order for Innoviant to release PHI to individuals other than the member to whom the PHI is attached, the appointment/recognition of authorized representative form must be completed in full. Only one appointment per person per form is allowed. PLEASE PRINT CLEARLY.

I,  □ Employee / Retiree  □ Spouse  □ Dependent

First Name  

Last Name  

Rx PCN #  Rx Group #  

Member ID #  Include all Zeros. May not use all spaces.

Address  

City  

State  Zip Code  

Do hereby appoint the following individual as my authorized representative:

□ Spouse  □ Parent  □ Child  □ Other

First Name  

Last Name  

I authorize my representative to receive any and all information, including but not limited to Protected Health Information that is provided to me, and to act for me and for my dependent, if named above as the member, in providing any information to the plan that relates to any claim for coverage or benefits under the plan.

This appointment shall be effective no later than two full business days after receipt by Innoviant. It will be effective until revoked by me in writing. Revocation of this appointment shall be effective no later than two full business days after receipt by Innoviant. The plan and its Business Associates may rely on this appointment.

Signature of Member (required)  Date  

I hereby accept the above appointment as Authorized Representative.

Signature of Authorized Representative (required)  Date  

Please note: Innoviant will not be held responsible for PHI once it is disclosed to the party listed above. Once disclosed, the information may not be covered under HIPAA Privacy Rules.

Send completed document to Innoviant  
P.O. Box 8082, Wausau WI, 54402-8082 or fax to (715) 841-5050  

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