



City of **Montgomery**, *Alabama*



DO NOT DISCARD
THIS IS AN IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION BENEFIT

If you are receiving this letter, you are taking one or more prescription drugs from the enclosed list.

As you are certainly aware, healthcare costs in the United States are rapidly increasing. Drug manufacturer price increases are a significant reason for this. To help counteract these increasing costs, and the resulting financial burden placed on its membership, the City of Montgomery is incorporating an exciting new option to your Prescription Benefit Program. This new program includes the inclusion of an international medication sourcing option for select brand-name pharmaceutical products.

Included with this communication you will find a list of eligible brand-name medications. If your prescribed medication is included in this list, you may choose to receive the medication through this program. **In choosing to receive your medication through this program, you will not have to pay a copay for this product – this means there will be no out of pocket cost to you (zero Copay).**

Medications eligible under this program may be available for dispensing from multiple international pharmacies, located in multiple countries (regions). The choice is yours as to which region you wish to receive product from.

Available Regions include:

Canada, India, New Zealand, Singapore, Australia, Turkey, the United Kingdom, or Mauritius

Please keep in mind that only those medications included in the Eligible Drug List are available under this program. Medications that are readily available in generic form from the US, injectable, and temperature sensitive or labeled as controlled substances are **not** eligible under this program.

All communications regarding this program should be directed to PreferenceRx at 1-866-444-8761.

Hours of Operation: Monday – Friday 8a – 10p CST; Saturday & Sunday 9a – 7p CST

(Please see other side)

1. Placing an Order

- a. Visit www.preferenceRx.com to log in and view a copy of the enclosed Eligible Drug List.
 - i. Username – montgomery Password – Password1 (both are case sensitive)
- b. Complete the enclosed New Patient form and Customer Agreement.
 - i. Place region you wish to receive prescription from in space provided under “Shipped From Country” on your New Patient form.
- c. Place order by either of the following. ***Your order must include New Patient form, Customer Agreement, copy of driver license or passport, and prescription.***
 - i. By mail – Canada Online HealthLink
109-7938 128th Street
Surrey, BC Canada V3W 4E8
 - ii. By Fax – 1-866-815-3069
 1. Customer will print out the form and fax it to PreferenceRx along with their prescription and copy of driver license or passport.
 - 2. Original prescription is still required to be mailed.**
 - iii. By Phone – 1-866-444-8761
 1. Hours of operation are Mon – Fri (8a – 10p CST) and Sat & Sun (9a – 7p CST).
- d. Customers will not be able to place an order through the website.
 - *You will receive your first prescription order in 5 weeks. All orders thereafter will take 2 – 4 weeks to receive.*
 - *Prescriptions can be sent directly from your doctor’s office but it must include the doctor’s signature and your date of birth.*
 - *If the prescription is sent by your doctor, you will not need to send the original prescription.*



Zero-Copay International Mail-Order Drug List

Medication Name	Strength
Acuvail	0.45%
Afinitor	2.5, 5, 10mg
Alimta	500mg
Alomide	0.10%
Alrex	0.20%
Alvesco	80, 160mcg
Amitiza	8mcg
Ampyra	10mg
Apriso	0.375g
Asmanex	200mcg
Atopiclair	noDose
Atripla	600/200/300mg
Avandamet	1mg/500mg
Avandia	2, 4, 8mg
Azilect	0.5, 1mg
Azor	5/20, 10/40mg
Banzel	200, 400mg
Benicar	20, 40mg
Besivance	0.60%
Biltricide	600mg
Brilinta	90mg
Bystolic	2.5, 5, 10, 20mg
Canasa	1000mg
Cetrotide	0.25mg
Combigan	0.2/0.5%
Corlanor	5, 7.5mg
Crixivan	400mg
Cuprimine	125, 250mg
Daliresp	500mcg
Dexilant	30, 60mg
Dipentum	250mg
Divigel	0.25, 0.5, 1mg
Durezol	0.05%
Dymista	137/50mcg
Dysport	500iu
Edarbyclor	40/12.5, 40/25mg
Edecrin	25mg
Edex	10, 20, 40mcg
Effient	5, 10mg
Eldepryl	5, 10mg
Elidel	1% CR
Eliquis	2.5, 5mg

Medication Name	Strength
Emend	80, 125mg
Elmiron	100mg
Enablex	7.5, 15mg
EpiCeram	noDose
Epzicom	600/300mg
Erythrocin	250mg
Estring	2mg
Exjade	125, 250, 500mg
Factive	320mg
Fareston	60mg
Farxiga	5, 10mg
Flarex	0.10%
FML	0.10%
Fosrenol	250, 500, 750, 1000mg
Frova	2.5mg
Gelnique	10%
Gilenya	0.5mg
Gleevec	100, 400mg
Glumetza	500, 1000mg
Glyset	25, 50mg
Hepsera	10mg
Hyalgan	20mg/2mL
Invega	3, 6, 9mg
Invirase	200mg
Invokana	100, 300mg
Isentress	400mg
Istalol	0.50%
Jalyn	0.5/0.4mg
Janumet	50/500, 50/1000mg
Januvia	25, 50, 100mg
Jardiance	10, 25mg
Jublia	10%
Kaletra	200/50mg
Kazano	12.5mg/1000mg
Kemadrin	5mg
Latisse	0.03%
Latuda	20, 40, 60, 80, 120mg
Lialda	1.2g
Linzess	145, 290mcg
Livalo	1, 2, 4mg
Lovaza	1gm
Lysodren	500mg

Malarone	62.5/25, 250/100mg
Menopur	75IU
Myleran	2mg
Myrbetriq	25, 50mg
Neupro	1, 2, 3, 4, 6, 8mg
Nevanac	0.10%
Nexavar	200mg
Noxafil	40mg/mL
Nuvaring	120/15mcg
Onglyza	2.5, 5mg
Oracea	40mg
Oralair	300IR
Orthovisc	15mg/mL
Otezla	10/20/30mg
Otezla	30mg
Paragard	noDose
Pataday	0.20%
Pentasa	500mg
Potaba	500mg
Pradaxa	75, 110, 150mg
Premarin	0.3, .625, 1.25mg
Prempro	2.5/0.625mg
Prempro	5/0.625mg
Prezista	600mg
Pristiq	50, 100mg
Prolensa	0.07%
Ranexa	500mg
Rapaflo	4, 8mg
Rapamune	1, 2mg
Relpax	20, 40mg
Renagel	800mg
Renvela	800mg
Restasis	0.05%

Reyataz	150, 200, 300mg
Rheumatrex	2.5mg
Ridaura	3mg
Rimso	50%
Sancuso	3.1mg/24hours
Savella	25, 50mg
Savella	25, 50mg
Strattera	10, 18, 25, 40mg
Strattera	60, 80, 100mg
Stribild	150/150/200/300mg
Sustiva	200, 600mg
Tykerb	250mg
Uceris	9mg
Uloric	80mg
Vascepa	1g
Vesicare	5, 10mg
Vigamox	0.50%
Viiibryd	10, 20, 40mg
Vimovo	375/20, 500/20mg
Viracept	250, 625mg
Vytorin	10/10, 10/20mg
Vytorin	10/40, 10/80mg
Welchol	625mg
Xarelto	10, 15, 20mg
Xeljanz	5mg
Xerese	5/1%
Xifaxan	200, 550mg
Xifaxan	200mg
Xtandi	40mg
Zetia	10mg
Zoladex	3.6mg
Zortress	0.25, .75mg

This is a list of the drugs and drug strengths that are most commonly used by plan members.
(Drugs that are commonly available generically in the US are not eligible for mail-order, as they are less costly in the US retail network using your benefit card.)

Although generally of common manufacture, and being exact chemical equivalents, some International products may differ from a USA product in color, dosage form (tablet vs. capsule), or markings on the product. To help alleviate concerns, prescriptions may be shipped in their original manufacturer's container, and/or physical differences will be noted on the "patient information sheet" that will accompany your order.



New Patient Mail/Fax Order Form

Fax completed form to:
1-866-815-3069

Call Toll-Free #: 1-866-444-8761 Fax Toll-Free: 1-866-815-3069

1. Complete all sections and sign the form.

2. Mail along with your original prescription to: Suite #109 – 7938 128th Street Surrey, B.C. Canada V3W 4E8

(You may FAX TOLL-FREE TO: 1-866-815-3069 or EMAIL to info@preferencrx.com but we still require your original prescription to be mailed to us.)

Patient Information (Please Print Clearly)

First Name: _____ Middle Name: _____ Last Name: _____
Your Weight: _____ lbs. Male Female Birth Date: M _____ D _____ Y _____

Primary Address

Street: _____ City/Town: _____ State: _____
Zip Code: _____ Country: _____
Phone (Home): _____ Phone (Work): _____ Best Time To Call: _____
Fax: _____ Cell: _____ Email: _____

Medical History

Please select all that applies to you:

Cholesterol:

- Stable
- Unstable
- Diet Controlled

Diabetes:

- Type 1
- Type 2
- Diet Controlled
- Insulin

Eye:

- Glaucoma
- Macular Degeneration
- Cataract
- Ocular Pressures
- Other: _____

Thyroid:

- Hormone Therapy
- TSH
- HRT
- Other: _____

Respiratory:

- Asthma
- COPD
- Emphysema
- Allergies
- Other: _____

Mood Disorder:

- Depression
- Anxiety
- Psychosis
- Insomnia
- Other: _____

Musculoskeletal:

- Osteoporosis
- Arthritis
- Back Pain
- Autoimmune/Fibromyalgia
- Other: _____

Cancer:

- Type: _____

Dermatology:

- Fungal Infection
- Psoriasis
- Rosacea
- Other: _____

Neurological:

- Migraine:
- TIA
- CVA
- Neuropathy
- Parkinsons
- Dementia
- Seizures
- Other: _____

GI:

- GERD
- Hiatus Hernia
- Ulcer
- IBS
- Colitis
- Liver
- Other: _____

Cardiovascular:

- High Blood Pressure
- Angina
- Heart Failure
- Heart Attack
- Arrhythmias
- Heart Surgery
- Other: _____

Bladder and Kidney:

- Prostate
- Other: _____

Other Conditions/Comments:

Drug Allergies: _____

Physician Information

First Name: _____ Last Name: _____
Phone: _____ Fax: _____

Medication Order

Medication Name and Strength	Shipped From Country	Rx Required	Quantity
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

Current Medications (Please list all medications taken including over the counter, vitamins, and supplements.)

Medication Name and Strength	Instructions (eg. 1/day)	Time Used (eg. 5 years)	Medical Conditions (eg. high cholesterol)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping Information

check if same as primary address

First Name: _____ Last Name: _____
 Street: _____ City/Town: _____ State: _____
 Zip Code: _____ Country: _____

Terms of Agreement

No prescription(s) will be filled until a signed and dated copy of this document and a completed Patient Profile have been received by Canada Online Healthlink on behalf of TNMI True North Management Inc. These documents can be sent by fax to 1-866-815-3069 or mailed to Canada Online Healthlink, Suite #109 - 7938 - 128th Street, Surrey, BC V3W 4E8

Customer Agreement (Part A)

Canada Online Healthlink on behalf of TNMI True North Management Inc (as defined below) has established relationships with licensed pharmacies in Canada and licensed pharmacies around the world, which have licensing requirements that are comparable to the ones in Canada. These products are dispensed by a Pharmacy Checker accredited pharmacy based in Canada, India, New Zealand, Singapore, Australia, Turkey, the United Kingdom, or Mauritius. TNMI True North Management Inc will select the appropriate pharmacy with your consultation to fill your prescription(s) based on product quality, availability and price. If you only want your prescription filled by a licensed Canadian pharmacy, please check this box.

I, as the undersigned, being over the age of 21, hereby:

Disclosure and Representations

Represent and confirm to Canada Online Healthlink, a division of True North Management Inc, its affiliates, related companies, and subsidiaries (hereinafter collectively referred to as "TNMI" or the "TNMI Agents") that:

1. The pharmaceutical(s) to be delivered to me were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment.
2. The prescription(s) for the pharmaceutical(s) were lawfully obtained from that physician and I will submit original prescription to you.
3. I will use any medication obtained for me by TNMI strictly according to the instructions provided by the physician who prescribed the medication.
4. The pharmaceutical(s) will only be used as directed and only by the person for whom the pharmaceutical(s) were prescribed.
5. I can make my own medical decisions according to the law of the place where I reside.
6. The prescription(s) I am requesting TNMI to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to TNMI.
7. I am not seeking or relying on any medical information from TNMI and I have consulted a qualified physician licensed where I obtained the prescription within the last year.
8. I will immediately contact the physician who provided my prescription included with this order in the event I suffer any unexpected side effects from any medication obtained for me by TNMI.
9. I understand that it is my responsibility to have regular physical examinations by my primary US licensed physician that is responsible for my care including all suggested testing to ensure that I have no medical problems which would constitute a contraindication to me taking the medications being prescribed.
10. I acknowledge that TNMI's employees and agents have relied on the information and documentation that I am providing (including the Medical and Medication information) and I represent and confirm that I have fully disclosed all disclosed all pertinent information and documentation to TNMI. I agree to notify TNMI of any changes to my physical or medical condition by providing an updated patient profile.

Authorization and Consent

11. I hereby authorize and appoint TNMI as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf, necessary to obtain a prescription in Canada or elsewhere in the world, which is the equivalent of the prescription that I sent to TNMI (the "Equivalent Prescription.") to the same extent that I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to, collecting personal health information about me, collecting similar information from my prescribing physician or pharmacist, and disclosing that personal health information to TNMI employees, agents, affiliates and service providers including without limitation, the physician licensed in Canada or elsewhere in the world and any pharmacy or pharmacist being retained by TNMI on my behalf, as required for the limited purpose of obtaining the Equivalent Prescription and filling my order.
12. I hereby specifically acknowledge that I am aware that TNMI will be transmitting my personal health information by electronic means (for example: fax and secure Internet) to its employees, agents, affiliates and service providers including the Canadian or global physician retained on my behalf. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that TNMI, as a custodian of my personal health information, will take all appropriate precautions to protect my personal health information from

improper disclosure or use. I hereby consent to TNMI's transmission of my personal health information by electronic means.

13. If I was directed to TNMI's services through an affiliate or intermediary (for example: Pharmacy Benefit Manager, Health Management Organization, or other healthcare service provider), I hereby authorize TNMI to release the following data to such an intermediary:
 - a. a numerical identifier indicating that I was a patient referred from that source;
 - b. financial information that will permit the processing of any claims on my behalf
 It is my understanding that all such intermediaries will enter into Confidentiality Agreements where they agree to abide by the privacy policies of TNMI relating to the protection of my personal health information. I specifically consent to the transmission of the foregoing information by electronic means.
14. I authorize and appoint TNMI as my agent and my attorney for the purpose of taking all steps and signing all documents on my behalf necessary for shipping my prescribed pharmaceutical(s) to me as if I had shipped the prescribed pharmaceutical(s) to my own address.
15. I acknowledge and agree that I initiated a consultation with TNMI and that neither TNMI nor the TNMI Agents are located in the United States. I also acknowledge that the TNMI Agents contracted by TNMI on my behalf are located in Canada or elsewhere in the world and that all professional services that I receive from the physicians and pharmacists licensed in Canada or elsewhere in the world, as the case may be, are being received in those jurisdictions.
16. I agree that TNMI may release my personal health information to the person(s) listed as my "caregiver" in the patient information form.
17. I specifically acknowledge and agree that any and all agreements reached, or contracts formed throughout the course of my purchase of the Pharmaceutical(s) shall be deemed to be made:
 - a. in respect of any pharmaceuticals that were dispensed in Canada, in any province of Canada, and accordingly shall be governed by the laws of the appropriate province and the laws of Canada applicable to such contracts and agreements; and
 - b. in respect of any pharmaceuticals that are dispensed elsewhere in the world, according to the local laws applicable to such contracts and agree
18. I specifically acknowledge that title to all products ordered through TNMI pass to me and I become owner of the products when the fulfillment pharmacy places the products in a container or otherwise completes the steps necessary to prepare the product for my use.
19. I specifically acknowledge and agree that any dispute that arises between me and TNMI or any of the TNMI Agents
 - a. shall be governed by the laws of the Province of British Columbia and the laws of Canada applicable to contracts formed in British Columbia, and that the courts of the Province of British Columbia shall have sole and exclusive jurisdiction over any such disputes;

Purchase and Sale Terms

20. The pharmaceutical(s) will be packaged, as per my request in the Medication Order form.
21. TNMI shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available, unless the physician has indicated that there be "no substitution" or "dispensed as written". That once purchased and shipped, no pharmaceutical product may be returned or exchanged.
22. TNMI reserves the right to refuse to assist me in obtaining any order in its sole discretion.
23. TNMI does not provide its agency or attorney services as a substitute for healthcare of the advice of the customer's primary care physician.
24. TNMI will not exchange medication once an order is shipped, unless the medication provided to me by the supplying pharmacy does not correspond with my prescription.
26. I specifically acknowledge and agree that each and every one of these terms and condition will automatically and without further action by me or TNMI, apply to and govern any future orders by me of pharmaceutical(s) from TNMI unless I specifically indicate otherwise at the time of ordering such pharmaceutical(s). Without limiting the foregoing, each authorization and consent provided by me in this Agreement shall continue until I revoke such authorization or consent (which I can do at any time).

I have read and understood the terms and conditions set out in the Agreement and agree, on behalf of myself, my heirs, successors, executors, administrators and assigns, to be bound by these terms and conditions.

Signed this _____ day of _____, 20_____

Signature

(Print Name)