



NATIONAL IAM  
BENEFIT TRUST FUND  
*Better Benefits • Better Life*

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**To: All Medical Plan Participants**  
**From: Connie DeFrance, Managing Director**  
**Date: October 13, 2015**  
**Re: Summary of Material Modifications - 2016 Changes to Prescription Drug Formulary**

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**THIS IS AN IMPORTANT NOTICE ABOUT JANUARY 1, 2016 CHANGES TO THE PRESCRIPTION DRUG COVERAGE PROVIDED THROUGH CVS CAREMARK.**

### **FORMULARY CHANGES**

CVS Caremark has issued its annual notice regarding changes to the covered drug list (formulary), which may impact you or your eligible Dependents. The enclosed memo shows the changes that apply for 2016. The memo also includes a list of many of the prescription drug products that require prior authorization for coverage under the National IAM Benefit Trust Fund prescription drug program through CVS Caremark.

If you or your Dependents **ARE CURRENTLY USING** any of the products being removed from the formulary, you must transition to a “therapeutic equivalent” formulary option by January 1, 2016, or have your health care provider request a prior authorization review to determine whether continued coverage of the removed product is clinically appropriate; otherwise, coverage of these products will be denied. CVS Caremark will notify you and your Physician or Allied Health Professional (your health care provider) of any products in question and provide information about covered therapeutic equivalents. Most of the listed products have both brand name and generic equivalents, with the lowest patient copayment for generics. Your health care provider will determine which equivalent product will best meet your needs.

Note - A *therapeutic equivalent* is a drug that has essentially the same effect in the treatment of a disease or condition as one or more other drugs (i.e., a drug that controls a symptom or condition in the same way as another).

If you or your Dependents **ARE NOT CURRENTLY USING** any of the products that are being removed from the formulary, you will not be affected by this change. However, you should retain this information and share it with your health care provider for future reference concerning what products require prior authorization for coverage under the Prescription Drug Program.

### **Prior Authorization Review**

If your health care provider feels there is a clinical reason why you or your Dependent cannot or should not use any of the available therapeutic equivalent alternatives in place of one or more of the excluded products, the health care provider should call CVS Caremark toll-free at **1-855-240-0536** to request prior authorization review and approval for continued use of the current item. The provider will be required to support his or her position with clinical information. CVS Caremark will review the information to determine whether coverage should be allowed for the current product as an exception.

If prior authorization review results in approval of the product as a clinical exception, the Plan will continue to cover the current product at the brand name copayment level (greatest copayment). However, if prior authorization review is not favorable, and CVS Caremark determines that a therapeutic equivalent can be used, you or your Dependent must transition to a covered equivalent to receive coverage under the Plan. If a prescribed item is not approved for coverage, you can always choose to pay for the non-covered product yourself.

***Please also remember that your coverage includes Generic Step Therapy which requires the use of one or more generic equivalent alternatives in most drug classes before the Plan will provide coverage for a brand name drug. If the “therapeutic equivalent” alternative selected by your provider is a brand name product, contact the Generic Step Therapy program at 1-800-294-5979 to see if prior authorization is required under that program.***

## **OTHER PRIOR AUTHORIZATION REQUIREMENTS**

The Plan still requires prior authorization review of the following items:

- **Specialty Medications**
- **Brand Name Drugs** (Generic Step Therapy requires participants to try one or more generic equivalent alternatives in most drug classes before coverage is provided for a brand name drug)
- **Male Androgens** (testosterone and drugs that treat erectile dysfunction)
- **Compounded Medication** that costs more than \$300 (bulk powders and high cost proprietary bases are excluded from coverage; one fill of a compound is allowed in a 34 day period)

If you are prescribed any of the above products, ask your health care provider to call CVS Caremark at **1-800-294-5979** to request prior authorization before you fill the prescription.

## **WHEN YOU GET NEW PRESCRIPTIONS**

**THIS IS VERY IMPORTANT!** If you need new prescriptions on or after January 1, 2016, be sure your health care provider knows the Plan has formulary limitations, prior authorization requirements for some products, and requires you to try generics or generic equivalents, whenever possible, before the Plan will cover brand name products.

To avoid any confusion at the pharmacy, we suggest that you ask **your health care provider to call CVS Caremark at 1-800-294-5979** before they prescribe, to see if the requested product is on the formulary, what alternatives are available and/or required, and to initiate the medical necessity review process where appropriate.

## **IF YOU HAVE QUESTIONS**

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions, please contact the Benefit Trust Fund at 800-457-3481.

cc: Board of Trustees  
Fund Director  
Contributing Employers  
Union Representatives

# Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity, effective January 1, 2016. If you continue using one of these drugs after this date without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

**Bolded** products represent drugs requiring prior authorization for medical necessity that are new for the 2016 plan year.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Allergic Reaction (Anaphylaxis) Treatment *	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX
	DYMISTA	flunisolide spray, fluticasone spray, triamcinolone spray or NASONEX WITH azelastine spray or olopatadine spray
Allergies * Ophthalmic	LASTACAFT	azelastine, cromolyn sodium, PATADAY, PATANOL
Anti-infectives, Antivirals * Cytomegalovirus Agents	<b>VALCYTE</b>	valganciclovir
Anti-infectives, Antivirals * Hepatitis C Agents	VIEKIRA PAK	HARVONI
Anti-infectives, Antivirals * Herpes Agents	VALTREX	acyclovir, valacyclovir
Anti-obesity Agents* Newer Agents	<b>QSYMIA</b>	BELVIQ, CONTRAVE, SAXENDA
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, DULERA

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Attention Deficit Hyperactivity Disorder Agents *</i>	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cardiovascular Antilipemics * Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)</i>	CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
<i>Depression * Antidepressants, Miscellaneous Agents</i>	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia * Antipsychotics, Atypicals</i>	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology Actinic Keratosis*</i>	<i>fluorouracil cream 0.5% CARAC</i>	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology Rosacea*</i>	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
<i>Dermatology Skin Inflammation and Hives * Corticosteroids</i>	<i>clobetasol spray CLOBEX SPRAY OLUX-E</i>	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Diabetes * Biguanides</i>	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</i>	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes* Injectable Incretin Mimetics</i>	BYDUREON BYETTA	TRULICITY, VICTOZA

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Diabetes *</i> Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>2</sup>	NOVOLIN 70/30
	HUMULIN N <sup>2</sup>	NOVOLIN N
	HUMULIN R <sup>2</sup>	NOVOLIN R
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
<i>Diabetes *</i> Supplies <sup>3,4</sup>	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS <sup>3</sup> ONETOUGH VERIO STRIPS AND KITS <sup>3</sup>
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
<i>Gastrointestinal Agents *</i> Irritable Bowel Disease – Constipation Predominant	AMITIZA	LINZESS
<i>Gastrointestinal Agents *</i> Opioid-induced Constipation	RELISTOR	MOVANTI
<i>Gastrointestinal Agents *</i> Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
<i>Glaucoma *</i> Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones *</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , BRILINTA, EFFIENT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i> , BENICAR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> , BENICAR HCT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan</i> , AZOR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA) <i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic of Cardizem LA)
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA, UCERIS
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO
<i>Multiple Sclerosis Agents*</i>	AVONEX EXTAVIA PLEGRIDY	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF
<i>Musculoskeletal Agents*</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM
<i>Osteoarthritis*</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , GELNIQUE, MYRBETRIQ, VESICARE
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac, meloxicam, naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% <sup>5</sup></i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	<i>Hecoria</i>	<i>tacrolimus</i>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Options</b>
<b>New-to-Market Agents <sup>1</sup></b>	New-to-market products and new variations of products already in the marketplace will be excluded from [or "will not be added to"] the formulary until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS/caremark™ Pharmacy and Therapeutics Committee (or other appropriate reviewing body).
<b>Specialty</b>	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
<b>Hepatitis C *</b>	As new Hepatitis C products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity - Carryover from 2015

<p>ACCU-CHEK STRIPS AND KITS <sup>4</sup>            ACTOS            ADDERALL XR            ADRENACLICK            ADVICOR            AEROSPAN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            BECONASE AQ            BREEZE 2 STRIPS AND KITS <sup>4</sup>            BYETTA            CONTOUR NEXT STRIPS AND KITS <sup>4</sup>            CONTOUR STRIPS AND KITS <sup>4</sup>            DELZICOL            DETROL LA            DIOVAN HCT            DUEXIS            DYMISTA            EDARBI            EDARBYCLOR            EUFLEXXA            FORTAMET            FREESTYLE STRIPS AND KITS <sup>4</sup>            GENOTROPIN</p>	<p>GLUMETZA  <i>Hecoria</i>            HUMALOG            HUMALOG MIX 50/50            HUMALOG MIX 75/25            HUMULIN 70/30 <sup>2</sup>            HUMULIN N <sup>2</sup>            HUMULIN R <sup>2</sup>            INTERMEZZO            JALYN            KAZANO            KOMBIGLYZE XR            LASTACAPT            LESCOL XL            LEVITRA            LIPITOR            LIPTRUZET            LIVALO            LUMIGAN            LUNESTA            NAPRELAN            NATESTO            NESINA            NORVASC            NUTROPIN AQ            OLEPTRO            OLUX-E            OMNARIS            OMNITROPE            ONGLYZA            ORTHOVISC            OSENI</p>	<p>OXYTROL            PENNSAID            PLAVIX            PREVACID            PROTONIX            PROVENTIL HFA            QNASL            RAYOS            RHINOCORT AQUA            RIOMET            ROZEREM            SAIZEN            SYMBICORT            TESTIM  <i>testosterone gel 1% <sup>5</sup></i>            TEVETEN            TEVETEN HCT            TEV-TROPIN            TOVIAZ            TRICOR            TUDORZA            VALTREX            VENTOLIN HFA            VERAMYST            VIEKIRA PAK            VIMOVO            VOGELXO            XOPENEX HFA            ZETONNA</p>
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## List of Drugs Requiring Prior Authorization for Medical Necessity - New for 2016

<p>ABILIFY            AMITIZA            AVONEX            BYDUREON            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (includes generic Cardizem LA)  <i>clobetasol spray</i>            CLOBEX SPRAY            CYMBALTA</p>	<p>DIOVAN            EXFORGE            EXFORGE HCT            EXTAVIA  <i>fluorouracil cream 0.5%</i>            FORTESTA            FOSRENOL            INCRUSE ELLIPTA            INTUNIV            INVOKAMET</p>	<p>INVOKANA  <i>Matzim LA</i>            MONOVISC            NORITATE            PLEGRIDY            QSYMIA            RELISTOR            VALCYTE            VIAGRA            ZUBSOLV</p>
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There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS/caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department toll-free at: 1-855-240-0536.

<sup>2</sup> Listing includes Relion Insulin products.

<sup>3</sup> A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy™ benefits to qualify.

<sup>4</sup> OneTouch brand test strips are the only preferred options.

<sup>5</sup> Listing reflects the authorized generics for Testim and Vogelxo.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

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