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To: All Medical Plan Participants

From: Connie DeFrance Date: August 31, 2015

Re: Advanced Control Specialty Formulary

This insert is a Summary of Material Modifications (changes) to your Medical Summary Plan Description (SPD) for the National IAM Benefit Trust Fund (Plan). Please keep this with your Medical SPD.

SPECIALTY LOCK AND SPECIALTY GUIDELINE MANAGEMENT

In 2007 the Trustees added "Specialty Lock" to the Prescription Drug Program, which made CVS Caremark Specialty Pharmacy Services the exclusive provider for specialty medications under the Prescription Drug Coverage. In 2008 the Trustees added "Specialty Guideline Management" (or SGM), which added a medical necessity precertification requirement for all specialty medications.

ADVANCED CONTROL SPECIALTY FORMULARY

Effective January 1, 2016, the Plan will include an additional step called "Advanced Control Specialty Formulary" (or ACSF). Once medical necessity is established under SGM, ACSF will compare the requested specialty medication against other medications in the same class for treatment efficacy, ease of adherence, and cost. All possible specialty drug options and alternatives will be reviewed to ensure that you (or your dependent) receive the easiest to use, most effective medication, at the lowest possible cost.

If there are equal or better options, ACSF will explain them to the prescribing physician, including why an alternative medication is the preferred next step. The physician will be asked to change the specialty medication prescription to the preferred alternative.

Preferred alternatives will:

- Be equally or more effective;
- Provide for equal or better adherence (e.g. oral pill vs injectable; 1 pill per day vs 2 pills per day, etc.); and
- In most cases, be less expensive with the same or better outcome.

IF YOU ARE CURRENTLY USING A SPECIALTY MEDICATION

Most specialty medications being used by Plan participants prior to January 1, 2016 will be grandfathered and a change in prescription will not be required. However, specialty medications

in the following four categories will not be grandfathered:

- Transplant
- Growth Hormone
- Betaseron for Multiple Sclerosis (MS)
- Revatio for Pulmonary Arterial Hypertension (PAH)

If you (or your dependent) are using a specialty medication in any of the four categories shown above, you will be required to change to a preferred alternative by January 1, 2016. CVS Caremark will notify you and your physician prior to 2016, and will begin the review process. You or your physician may also call **CaremarkConnect**® toll-free at 1-800-237-2767 to inquire about your specialty medication and the review process.

IF YOU NEED A NEW SPECIALTY MEDICATION

If you need a new specialty medication on or after January 1, 2016, your physician should contact CaremarkConnect® toll-free at 1-800-237-2767 to begin the SGM and ACSF review process. If you submit a prescription and your pharmacist tells you that you are requesting a specialty medication, you should call CVS Caremark at the toll free number shown above, identify yourself as a participant of the National IAM Benefit Trust Fund, and CVS Caremark will contact your physician directly to begin the review process.

EXCEPTION TO SPECIALTY PREFERRED ALTERNATIVES

If a suggested preferred alternative was already attempted and failed, or if your physician feels there is a clinical reason why you (or your dependent) cannot or should not use a preferred alternative, the physician should call **CaremarkConnect**® **toll-free at 1-800-237-2767**. The physician will be required to support their position with applicable clinical information and documentation where necessary, and CVS Caremark will consider the physician's information in their review of the requested specialty medication.

In most cases, the entire review and exception process will be handled between CVS Caremark and your physician behind the scene, so your physician will be able to explain any changes to your prescriptions before they occur. However, **we suggest you inform your physician about the ACSF program now**. That way your physician will not be surprised if they are contacted by CVS Caremark about an existing specialty medication, and they will be aware of the new program when writing future prescriptions.

IF YOU HAVE QUESTIONS

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

cc: Board of Trustees Contributing Employers Union Representatives