

Northwest Ironworkers Trust Funds

2815 2nd Avenue, Suite 300 • P. O. Box 34203 • Seattle, Washington 98124
Phone (206) 441-7226 or (866) 986-1515 • Fax (206) 505-9727 • Website www.ironworkerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

December 28, 2015

To: All Eligible Plan Participants in the Comprehensive Medical Benefits Plan

Re: Changes to Your Prescription Drug Benefit Effective February 1, 2016

*This is a summary of material modification describing changes to your Pharmacy Benefit Program.
Please be sure that you and your family read this notice carefully and keep this document with
your 2009 Edition Summary Plan Description Booklet.*

This letter is to inform you of certain changes and new features which will apply to your prescription drug benefit effective **February 1, 2016**.

Non-Covered New-to-Market Medications

Any medication approved to enter the marketplace will not be covered by the Plan until a clinical review and formulary placement decision have been made by the EnvisionRx Pharmacy & Therapeutics Committee. The committee reviews safety, efficacy and cost information in order to determine coverage. Each new drug will be reviewed on a quarterly basis at minimum.

Please note: New strengths of existing medications will not be subject to this restriction.

Formulary Maintenance Updates

Your prescription drug benefit features a formulary drug list and only medications on the formulary are covered by the Plan. Several medications that were previously classified as formulary drugs will be re-classified as non-formulary. Alternatives have been selected to replace these medications and are available on the formulary. These drugs are listed in the table attached to this letter.

Please be aware that if you continue to receive a medication that has been re-classified as a non-formulary drug you pay the full cost of the drug. If you wish to have your current medication reconsidered, you will need to file a non-formulary exception request. If the exception is approved, you pay the applicable formulary copay. If the exception request is not approved, you pay the full cost of the drug. We encourage you to work with your prescriber to determine which medication options are best for you.

Always talk to your doctor before discontinuing or changing any medication. If you have medical questions please contact your health care provider.

Step Therapies

A step therapy program is designed for patients with certain conditions that require taking medications regularly. It is the practice of beginning therapy with the most cost-effective medication and progressing to other more costly medications only when clinically necessary. The step therapy approach to care is a way to provide you with savings without compromising quality of care. The Secondary Products and their Primary Product alternatives are listed on the table attached with this letter.

In step therapy, medications are grouped into categories.

- Primary Products—medications proven safe, effective, and affordable
- Secondary Products—mostly higher costing brand name medications

A Primary Product must be tried before a more costly Secondary Product is allowed. If the Primary Product does not provide you with the therapeutic benefits desired, your prescriber may write a prescription for a Secondary Product.

If you do not wish to try a Primary Product, but instead use only the Secondary Product, you will need to have your prescriber write a letter of medical necessity and submit to EnvisionRx. You or your prescriber may begin the letter of medical necessity process by contacting the EnvisionRx Help Desk at 1-800-361-4542.

Should you have additional questions on the updates within your prescription drug benefits, please contact EnvisionRx Customer Service Help Desk at 1-800-361-4542. The Help Desk is there to assist you with prescription questions 24 hours a day, 7 days a week.

Sincerely,

Board of Trustees
Northwest Ironworkers Health and Security Fund

Formulary Maintenance Updates

Drug Category	Non-Formulary Products	Formulary Products
Anticoagulants	Fragmin	enoxaparin
Bowel Preparations	Moviprep	Suprep
Diabetes/Glucose Testing Supplies	Breeze/Contour	FreeStyle/Precision, OneTouch
Hematologics	Effient	Brilinta
Injectable Anti-diabetics	Tanzeum, Trulicity	Bydureon, Byetta, Victoza
Insulins	Apidra	Novolog
Migraine	Treximet	Relpax, rizatriptan, sumatriptan
Ophthalmic Antihistamines	Lastacaft	Pataday, Pazeo

Step Therapies

Drug Category	Secondary Products	Primary Products
ADD/ADHD	Daytrana, Focalin XR, Quillivant, Ritalin LA	Vyvanse, generic ADD/ADHD medications
Asthma	Proventil, Xopenex	Proair, Ventolin
Diabetes	Jentaduetto, Tradjenta	Janumet, Januvia, Kombiglyze, Onglyza
Erectile Dysfunction*	Cialis (ED), Staxyn, Stendra	Levitra, Viagra
Growth Hormone	Humatrope, Nutropin, AQ, Onmitrope, Saizen, Zomacton	Genotropin, Norditropin
Inflammatory Bowel Disease	Asacol HD, Delzicol, Pentasa	Apriso, Lialda
Inflammatory Conditions	Actemra, Cimzia, Cosentyx, Kineret, Orencia, Otezla, Simponi, Xeljanz	Enbrel, Humira
Multiple Sclerosis	Aubagio, Betaseron, Extavia, Rebif	Avonex, Copaxone, Gilenya, Tecifidera
Opioid Abuse	Bunavail, buprenorphine/naloxone, Zubsolv	Suboxone Film

*Managed by Prior Authorization to assess indication