Your doctor must submit a statement supporting your request. The statement must indicate that the requested drug is medically necessary because none of the drugs that your plan covers would be as effective as the requested drug or would have adverse effects for you. If the exception involves a prior authorization, quantity limit or other limit placed on that drug, the doctor’s statement must indicate that the rule would not be appropriate given your condition, or would cause adverse effects. It may be helpful to take this 2016 update notice with you to the doctor or give a copy of it to his or her office.

Once the doctor’s statement is submitted, Express Scripts must notify you of its decision within 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request. Your request will be expedited if Express Scripts determines, or your doctor informs them, that your life, health or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

What to do if your request is denied
If your request is denied, you have the right to appeal. You must request this appeal, in writing, within 60 calendar days from the date of the first decision. Express Scripts accepts expedited requests by telephone and in writing. Direct appeals to:
Express Scripts
Attn: Medicare Clinical Appeals
P.O. Box 66588
St. Louis, MO 63166-6588
Fax: 1.877.852.4070 Phone: 1.844.374.7377

If you need assistance, please contact Express Scripts Medicare Customer Service at 1.844.470.1529, available 24/7. You may also call a Personal Health Advocate for assistance at 1.877.325.7265, Option 2.

Why are cost containment provisions necessary now?
They’re necessary to allow ITDR to continue to meet its stated goal of offering an affordable plan, due to the explosion of new classes of specialty drugs approved in 2015 and currently in the pipeline for 2016 and beyond, as well as to the impact of the Affordable Care Act and other federal mandates.

How are new drugs and their rising prices affecting ITDR?
As an example, one drug introduced this year helped eight members at a cost of $746,000 through April. Our conservative estimate is that, stretched over 12 months, the annual cost could reach $2.4 million, an amount not factored into our 2015 premium. This drug, and others like it, will remain covered by the plan. There are also new drugs on the way that could be inappropriately prescribed without the guidance of plan management rules. Read the Annual Benefit Plan Review in your Enrollment package for additional details.

What assistance is available to ITDR plan members to make these changes as easy as possible?
Call Express Scripts Medicare Customer Service at 1.844.470.1529 with questions about how your specific prescriptions may be impacted. Your call will connect you to a team familiar with ITDR’s benefits and, based on your prescription history and other factors, if appropriate, will also connect you to specialist pharmacists specially trained in the medications that treat particular complex conditions, such as high blood pressure, hepatitis C, high cholesterol, asthma, depression, diabetes or cancer.

More questions? Contact a Personal Health Advocate at 1.877.325.7265, Option 2.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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YOUR EXPRESS SCRIPTS MEDICARE PART D PRESCRIPTION DRUG PLAN

Important updates for 2016

Get the most from your 2016 prescription drug plan. Carefully review this summary of enhancements, resources and changes.

Your ITDR drug plan with Express Scripts Medicare® (PDP) gives you access to more than 68,000 pharmacies to fill your prescriptions, and includes special features and services that help you get better care and find lower-cost drug options.

ITDR Low Cost Generics Program – New Drugs Added!
Pay only $2 or $4 for a 31-day supply of some of the most commonly prescribed generic drugs.

NEW! More of our members’ most commonly used drugs will be added for 2016:

- Atorvastatin Calcium
- Donepezil HCL
- Losartan Potassium
- Pravastatin Sodium
- Amlodipine Besylate

Select from 95 participating grocery and retail chains with more than 19,000 pharmacies for your convenience,* including:

Costco
Walmart
PHARMACY
WALGREENS
PHARMACY
Safeway

See the full list of Low Cost Generics and participating pharmacies at the Trust website: www.itdr.com. Go to the "Benefit Plans" tab and click “Prescription Drug Plan.”

10 of the Most-Used Drugs in the 2016 ITDR Low Cost Generics Program
1. Atorvastatin Calcium
2. Levothyroxine Sodium
3. Lisinopril
4. Simvastatin
5. Furosemide
6. Metformin HCl
7. Pravastatin Sodium
8. Hydrochlorothiazide
9. Losartan Potassium
10. Carvedilol

*The list of pharmacies in your plan’s network is subject to change.
New cost containment provisions for 2016

The ITDR Drug Plan must put into effect a $100 deductible.

The deductible is the amount you’ll pay each year for your prescriptions before the Drug Plan begins to pay its share of your covered drugs. This change and the other 2016 prescription drug plan changes eliminate the premium increase of $89.40 to all members. As a result, the remaining net annual out-of-pocket cost to members from the new deductible is $10.60. (Your net increase may be less if one or more of your generic drugs has been added to the 2016 Low Cost Generics list.)

The ITDR drug plan will exclude coverage for not medically necessary compounds.

Compounded medications are drugs that are combined or mixed by a pharmacist to create a medication. They are not approved by the Food and Drug Administration (FDA), so their quality, safety and effectiveness can’t be verified. Most health plans will not cover compounding medications in 2016 for this reason and because of their often dramatically high costs.

In fact, the cost to plans of these medications has been rising by as much as 218% each year since 2011. Each compound drug has multiple ingredients added to the active ingredient, and so compounding pharmacies charge for each component. Plans that have been covering compound drugs are now struggling to maintain coverage of other, traditional medications.

This change does not impact medically necessary compound drugs, such as a medication that a patient needs in a non-standard form, such as intravenously or in an oral suspension. If you’re currently taking a compound medication and have concerns, ask your doctor if there’s an FDA-approved, commercially available drug for your condition that is covered by the plan, or call Express Scripts Medicare Customer Service at 1.844.470.1529.

Additional rules or restrictions on coverage for some drugs will apply in 2016.

Certain prescription drugs will have special rules to determine how and when the plan covers them. An independent team of doctors and pharmacists developed these rules for Express Scripts to help our members use drugs in the most effective ways. These special rules also help control overall drug costs, which keeps your drug coverage more affordable.

In general, these rules encourage you to get a drug that is the most effective and safest for your specific medical condition. Whenever a safe, lower-cost drug will just as well medically as a higher-cost drug, the rules are designed to encourage you and your doctor to use that option.

If there is a restriction for your drug, it usually means that you or your doctor will have to take extra steps in order for us to cover the drug. If you want Express Scripts to waive the restriction for you, you will need to use the coverage decision process and ask Express Scripts to make an exception. Express Scripts may or may not agree to waive the restriction.

Do any of these restrictions apply to your drugs?

The plan’s 2016 drug list (“Formulary”) includes information about the restrictions described above. Current members will receive the Formulary in the mail from Express Scripts in October, and you may also find it on ITDR’s website under the “Enrollment” tab. To find out if any of these restrictions apply to you, check the Formulary or call Express Scripts Medicare Customer Service at 1.844.470.1529.

If a drug appears more than once in the drug list, it is because different restrictions or cost sharing may apply based on the strength, amount or form of the drug prescribed (for instance, 10mg vs. 100mg; one per day vs. two per day; tablet versus liquid). Be certain to check the specific drug option you are using.

What are the restrictions?

1. Getting plan approval in advance – “Prior Authorization”

For certain drugs, you or your doctor needs to get approval from the plan before we will agree to cover the drug for you. This is called prior authorization. The requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

If your drug is impacted, you will receive a letter from Express Scripts before the end of 2015 notifying you of this change and asking you to work with your doctor and Express Scripts to seek approval or find an alternative medication for 2016. This provision will affect approximately 1,990 current ITDR members.

2. Trying a different drug first – “Step Therapy”

This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement to try a different drug first is called step therapy.

Some drugs subject to step therapy will be grandfathered for existing users. If your drug is impacted, you will receive a letter from Express Scripts notifying you of this change, and your need to work with your doctor and Express Scripts on a therapy plan for 2016. Drugs NOT grandfathered include DPP-4 inhibitors and rapid-acting insulin (diabetes), topical actinic keratoses (dermatology), ophthalmic prostaglandins (glaucoma) and topical NSAIDS (pain).

3. Quantity limits

For certain drugs, the plan will limit the amount of the drug that you can have. For example, the plan might limit how many refills you can get or how much of a drug you can get. For example, if the recommended dose is to take only one pill per day for a certain drug, the plan may limit coverage for your prescription to no more than one pill per day.

Temporary Supply During Transition – If your drug is affected by Prior Authorization or Step Therapy rules

If a drug you’re taking has restrictions, Express Scripts will provide at least a one-month supply unless the prescription is written for less and does not provide for refills. Please understand that this is a temporary supply of this drug. Before this supply ends, you should speak to Express Scripts and/or your doctor regarding whether you should change the drug you are currently taking, or request an exception from Express Scripts to continue coverage of this drug. Those options are described below.

Next steps if 2016 restrictions apply to your medications

If there is a restriction for your drug, it usually means that you or your doctor will have to take extra steps in order for us to cover the drug.

How to change prescriptions

If your drug is not covered on the Formulary, or is subject to prior authorization, step therapy or quantity limits, you can ask Express Scripts if there’s another covered drug that can treat your condition. If the plan does cover another drug for your condition, you’re encouraged to ask your doctor whether that drug is an option for you. If your doctor tells you that none of the covered drugs is medically appropriate for treating your condition, you have the right to request an exception.

How to request an exception

The first step in requesting an exception is to ask your prescribing doctor to contact Express Scripts by fax: 1.877.328.9799, or mail: Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571
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