



LABOR-MANAGEMENT HEALTHCARE FUND/PHARMACY BENEFIT DIMENSIONS DRUG FORMULARY

This Drug Formulary represents the list of drugs and their appropriate copayment tiers for Labor-Management Healthcare Fund.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit www.pbdrx.com.

This formulary lists all covered Tier 1 and Tier 2 drugs, but only contains a representative list of the Tier 3 products. Generic drugs appear in lower case. Brand name drugs are capitalized.

- Formulary/preferred generic drugs, select Over the Counter (OTC) drugs listed on the Formulary are assigned to a Tier 1 copayment. Preferred brand name drugs will take a Tier 2 copayment and non-preferred brand name drugs will take a Tier 3 copayment. Generic substitution is used only as required by state pharmacy laws.
- The formulary follows a “Mandatory Generic” policy which means that in most instances, once a generic product is available for which there are no bioequivalence concerns, the copayment for the brand name drug will be your Tier 2 or Tier 3 copayment plus the difference in the cost of the generic drug and the brand name drug these drugs are listed in the formulary with a “DAW” symbol. A copay override may be authorized through the exception process for the brand name drug if a bioequivalent generic is available. Authorization is only provided to waive the requirement that the member pay the difference between the cost of the generic drug and brand name drug plus the tier copayment to only being responsible for the tier copayment, if the member has tried and failed to tolerate or respond to all preferred medications for the condition being treated.
- Not all Tier 3 drugs are listed in the formulary. Most drugs not listed may be obtained, but the member will be responsible for their tier 3 copayment.
- Labor-Management Healthcare Fund and/or Pharmacy Benefit Dimensions reserves the right to modify the copay tier of a particular drug as necessary.
- Option 90 Program: This program allows you to obtain up to a 90-day supply of maintenance medications at your local retail pharmacy or at any of our mail order vendors: ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services. These medications must be filled for a 30-day supply first at a retail pharmacy and then a 90-day supply can be obtained either under the Option90 Program at a retail pharmacy or through mail order with ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services. Information about maintenance medications and mail order vendors is provided on pages IV and V. Option 90 retail pharmacies and mail order vendors offer reduced copayments for your 90-day supply.
- Please note that some drugs and/or drug classes, even though not listed on the Formulary, may require prior authorization. Your physician will need to complete a prior authorization request form and fax it to Pharmacy Benefit Dimensions. This form can also be used by your physician to submit information to support a request for an exception to the formulary. The details of the request will be reviewed by

Pharmacy Benefit Dimensions and a response is usually provided within 48-72 hours. The request for prior authorization does not guarantee coverage.

- Most self-administered injectable drugs require prior authorization. Some exceptions are: insulin, glucagon, epinephrine emergency kits, etc. Drugs not intended for self-administration are not covered under the pharmacy benefit and should be obtained and administered by an appropriate healthcare professional.
- Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the LMHF summary plan description.
- Drugs not listed in the formulary which are covered under the Affordable Care Act (ACA) as preventative services may be covered. Certain restrictions may apply.

Compounded Prescription Medications

Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Coverage is provided in accordance with our Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food, Drug and Cosmetic Act.

Specialty Medications

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx[®] Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you're taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an "SP" on the formulary. Reliance Rx can be reached at 1-800-809-4763.

Diabetic Supplies/Medications

OneTouch blood glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require Prior Authorization. Test strips are limited to 100 strips per 30 days, for up to a 90-day supply. Copayments vary by plan.

OneTouch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. Please have your ID number available when you contact the manufacturer. One Touch Glucose Meters can be obtained by calling LifeScan, Inc. at 1-888-377-5227, please reference offer code 289IHA001.

Over-the-Counter (OTC) Medications

Over the Counter (OTC) drugs listed on the formulary must have a prescription (written or verbal) from a participating prescriber. Only those OTC drugs listed on the formulary are covered.

Maximum Daily Dose (MDD)

Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Drug Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

Sedative/Hypnotic Medications

Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

Emergency Room Prescriptions

Emergency Room prescriptions are limited to a 10-day supply.

Antibiotic Medications

Antibiotics are generally limited to a 10-day supply with one refill within 15 days after the original fill.

Lost/Stolen/Damaged Medications

Replacement of lost, stolen or damaged medications is limited to one override per member per calendar year. Authorization/verification will be required from the prescribing physician. Please have your Pharmacy contact the Pharmacy Help Desk if you need replacement of lost, stolen or damaged medication. A one-time 5 day supply will be allowed to give the prescribing physician time to submit the prior authorization to request for coverage for the lost, stolen or damaged medication.

Exclusions:

- Drugs used for the treatment of impotence (ED Drugs) are limited to male patients only. Duplicate therapy with other ED medications is not allowed.
- Drugs used for the purpose of gender reassignment are not covered.
- Medical Devices (which may or may not require a prescription) are excluded from coverage.
- Medical Foods, other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
- Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
- Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.

AFFORDABLE CARE ACT PREVENTATIVE SERVICES **where applicable

Prescription and OTC versions (where applicable) will be covered only with a prescription written by a licensed healthcare provider.

Aspirin for Cardiovascular Disease Prevention	Aspirin will be covered for men and women (ages 50 to 59) when the benefits outweigh the potential bleeding risks for cardiovascular disease prevention.
Bowel Prep for Colonoscopy	Prescription and OTC products will be covered for adults older than age 50 and younger than age 75 receiving screening for colorectal cancer.
Contraceptive Coverage	All formulary generic and preferred brand name drugs (without a generic equivalent) will have a zero dollar (\$0) copayment. Cervical caps, diaphragms, female condoms and spermicides will have a zero (\$0) copayment. Both prescription and over-the-counter (OTC) products will be covered only when prescribed by a licensed healthcare provider.
Fluoride	Oral fluoride products (chewable tablets and solutions) will be covered for children 6 months of age and older who do not receive the recommended amount of fluoride in their water supply.
Folic Acid supplements	Supplements containing 0.4mg to 0.8mg of folic acid will be covered for women who are planning or are capable of pregnancy.
Iron Supplementation for Children	Iron supplements will be covered for children aged 6 months to 12 months who are at high risk for iron deficiency anemia.
Statins	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) use a low- to moderate-dose statin for the prevention of CVD events and mortality. Low- to moderate-dose statins will be covered at a zero dollar (\$0) copayment for those who meet the following criteria: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. If you meet all of the above criteria, you may be eligible for a \$0 co-payment. Please provide a signed copy of the Statin Attestation Form from your physician to Pharmacy Benefit Dimensions. This form can be found on the next page (page V).
Tobacco Cessation Products (FDA Approved)	Prescription and OTC products will be covered for adults 18 years of age and older and for pregnant women with no age limit. The following products are covered: patches, gums, nasal sprays, inhalers, lozenges, Chantix and bupropion sr (generic version of Zyban).
Vaccines	Flu, Pneumonia vaccinations will be covered when administered at a network pharmacy.
Vitamin D	Prescription and OTC products will be covered for adults aged 65 years and older who are at an increased risk for falls.
Women, Increased Risk for Breast Cancer	The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.

Statin Attestation

As part of your benefits coverage through Pharmacy Benefit Dimensions, you may be eligible to receive one of the following low-to moderate-intensity statin medications at a \$0 copay if you meet selected criteria:

- Atorvastatin 10mg, 20mg
- Fluvastatin 20mg, 40mg
- Fluvastatin XL 80mg
- Lovastatin 20mg, 40mg
- Pitavastatin 1mg, 2mg, 4mg
- Pravastatin 10mg, 20mg, 40mg, 80mg
- Rosuvastatin 5mg, 10mg
- Simvastatin 10mg, 20mg, 40mg

The United States Preventive Services Task Force (USPSTF) recommends the use of statin medications for those most at risk for cardiovascular disease. The USPSTF now recommends that adults without the history of cardiovascular disease use a low-to moderate-dose statin when the following criteria are met:

- They are ages 40-75 years
- They have 1 or more risk factor (including hypertension, diabetes, smoking)
- They have a calculated 10-year CVD event risk score of 10% or greater.

If you are currently taking one of the statin medications listed above, we ask that you please talk to your healthcare provider about completing the form below. Once completed, the form can be returned to:

Pharmacy Benefit Dimensions

Attn: Statin Attestation

511 Farber Lakes Drive

Williamsville, NY 14221

To be completed by the member:

Member ID #:A _____

Provider Name: _____

Member

Provider

Name: _____

Address: _____

Member

Address: _____

To be completed by the provider:

I, _____ (provider name), certify that the patient listed meets all the criteria listed below and is eligible to receive their statins at a \$0 copay.

- Patient is ages 40-75 years
- Patient has 1 or more risk factor (including hypertension, diabetes, smoking)
- Patient has a calculated 10-year CVD event risk score of 10% or greater.

Provider signature: _____

FORMULARY SYMBOLS

Below is a list of symbols used throughout the formulary and their descriptions.

AL	Age Limit	Some prescription medications are restricted by age due to safety reasons or Food and Drug Administration (FDA) recommended labeling. Medications with an age limit are listed with an “AL” in the formulary.
DAW	Dispense as Written	A generic equivalent is available for the brand name drug. The copayment for brand name drugs with the DAW symbol will be a tier 2 or tier 3 copayment plus the difference in cost between the generic drug and brand name drug.
HT	Tablet Splitting	Tablet splitting is a voluntary program where a physician may write a prescription for a quantity of 30 tablets of double the required daily dose to provide a 60 day supply once the tablets are split in half. You will pay only one (1) copayment for the prescription that will last up to 60 days. Note: Some restrictions may apply based on the strength of the medication.
MO	Maintenance Drug	A 90-day supply may be prescribed and dispensed. Controlled substances are allowed (but are not required) to be written for a 90-day supply per New York State Law. Maintenance medications must be filled for a 30-day supply first at a retail pharmacy and then a 90-day supply can be obtained either under the Option90 Program at a retail pharmacy or through mail order with ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services. Information about the mail order vendors is provided on the next page. Option90 retail pharmacies and mail order vendors offer reduced copayments for your 90-day supply.
OTC	Over the Counter	Certain OTC drugs listed in the formulary are over the counter. A prescription is required for coverage of the OTC products listed in the formulary.
PA	Prior Authorization Required	Prior authorization must be obtained in order for the drug to be covered. A drug labeled as “PA except...” means that the physician specialties listed may prescribe the drug without requesting prior authorization. All other physicians may prescribe the drug, but must submit a prior authorization request for review.
QL	Quantity Limit	Limits may be set by number of tablets/capsules per fill, number of fills per month/year, maximum daily dose, etc. Note: Certain drugs are dose limited by a maximum daily dose. Limits may be set by the number of tablets/capsules per day or the total daily dose in mg. Not all dose limitations are indicated in the formulary document. Where a package size exists those products will be limited to one package size per fill.
ST	Step Therapy	In some cases, you may be required to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an

equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective

SP

Specialty Pharmacy

Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis. Information about Reliance Rx is provided below.

MAIL ORDER PHARMACIES

Maintenance medications listed on the formulary can be obtained from ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services. These mail order providers offer delivery of your medications to your home at no extra charge to you. To enroll with a mail order vendor you may contact them by phone or online. If you would like a copy of a mail order form mailed to you, please contact our Member Services Department at (716) 635-7880 or 1-888-878-9172 or visit our website at www.pbdrx.com

ProAct Pharmacy Services

1-888-425-3301

(TTY: National 711 Relay
Service)

www.Wegmans.com/Pharmacy

OR

Wegmans Mail Order Pharmacy Services

1-888-205-8573

TTY/TDD: 1-877-409-8711

<https://www.proactpharmacyservicespbd.com/>

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