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VERY IMPORTANT NOTICE: UPDATES REGARDING PRESCRIPTION DRUG BENEFITS EFFECTIVE FOR ALL PRESCRIPTIONS 1/1/2020

Specialty Drug Prescriptions – Copayment Increase; Availability of Copayment Assistance; Courtesy Fill at Retail No Longer Allowed

Implementation of Additional Step Therapy Programs

Generic Equivalents of Preventive Medications and Birth Control Prescriptions Copayment Reduced to \$0

Maximum Out of Pocket Established

Revised Appeal Process for Prescription Drug Claims

As part of our continuing effort to provide our members with important updates regarding the benefits offered by the UCE of FIT Welfare Trust Fund (“Fund”), the Board of Trustees, which oversees the administration of the Fund, would like to provide you with an important update concerning your prescription benefits.

Specialty Drug Copayment Increased/Copayment Assistance Available

Effective January 1, 2020, all prescriptions for a Specialty Drug, including refills, will be subject to a 50% copayment. You will be able to obtain copayment assistance through a program administered by Noble Health Services, ProAct’s Specialty Drug Pharmacy. Your full cooperation is required in order to secure maximum copayment assistance. If you are successful in obtaining copayment assistance, your copayment should not exceed \$50 per prescription for a 30-day supply of your Specialty Medication. In some instances, it may be less. If you do not cooperate with Noble Health Services in the provision of information or completion of forms for the copayment assistance, then your copayment for your Specialty Drug will be 50% of the cost to the Fund of that drug. If you are taking a drug for which there is no copayment assistance available, or you do not qualify for assistance after providing all required documentation, your copayment will be \$50. A partial list of the Specialty Drugs for which copay assistance is *currently* offered by the manufacturers is attached. The full list can be found on the Fund’s website at [UCE of FIT.org/Welfare Fund tab](http://UCEofFIT.org/WelfareFundtab). For all questions concerning this new copay assistance program, please call ProAct at 1-877-635-9545.

Courtesy Fills at Retail are No Longer Allowed

Effective January 1, 2020, **all prescriptions for Specialty Drugs** must be filled through ProAct’s Specialty Pharmacy, known as Noble Health Services, via mail, including the very first one. The courtesy fill at retail accommodation is terminated effective January 1, 2020. If you fill a prescription for a Specialty Drug at a retail pharmacy, you will be responsible for 100% of the cost of that drug.

Additional Step Therapy Programs

Effective January 1, 2020, for new prescriptions only, for conditions within certain therapeutic categories will be subject to ProAct's Step Therapy Program. Some examples of categories are cardiovascular; central nervous system; dermatology; endocrinology; and gastroenterology conditions. This means that the drug your doctor prescribes may not be covered. While this program is not intended to replace the advice of your physician, it provides therapeutically and medically supported alternatives. Please speak with your doctor about prescribing a generic alternative or different brand name drug in the same therapeutic category to treat your medical condition (i.e., a Step 1 drug). If you or your doctor choose not to change the prescription to a Step 1 drug, then the drug will not be covered by the plan. For those of you already taking one of the drugs subject to the new step therapy programs, you can continue to take that drug, without interruption. The new step therapy programs apply only to new prescriptions/users on or after January 1, 2020. A partial list of the Step Therapy programs to be implemented January 1, 2020 are attached hereto (and also available on the Fund's website at [UCE of FIT.org/Welfare Fund tab](http://UCEofFIT.org/WelfareFundtab)). As these categories can be updated from time to time, we urge you to consult the Fund's website for updates.

As a result of the new plan design changes noted above, the Fund will no longer be considered a grandfathered plan under the Patient Protection and Affordable Care Act (the "Affordable Care Act" or "ACA"). Therefore, the following changes to the Fund's prescription drug plan are required and will be implemented effective January 1, 2020.

\$0 Copayment for Preventive Medications and Birth Control

ACA requires that non-grandfathered plans provide a variety of preventive medications and birth control without cost sharing when obtained at an in-network pharmacy. These medications and devices are defined by the United States Preventive Services Task Force and can change and be updated regularly by the government. The Fund will pay 100% of the costs incurred for certain preventive care medications and birth control. This benefit is limited to the generic equivalent of the prescription drug or appliance/device. For preventive prescriptions to be covered, it must be prescribed by a doctor and meet the criteria set out by ProAct. If a covered item or drug is available over the counter and is covered under this provision, you must present a prescription at the time of purchase for it to be covered under this Plan. All rules pertaining to the prescription drug plan apply, except for the application of the copayment requirements. E.g., if a generic equivalent is available, only the generic will be dispensed without cost sharing. The plan will accommodate any individual for whom the generic contraceptive would be medically inappropriate, as determined by the individual's health care provider.

Maximum Out of Pocket Expense

The out-of-pocket maximum for covered prescription drugs obtained at a retail and/or mail order pharmacy (combined), effective with prescription filled in calendar year 2020, will be as established by the federal government on an annual basis. For 2020, the government has established the following out-of-pocket maximums: \$8,150 per individual and \$16,300 per families.

New Appeal Process in Place for Prescription Drug Claims

Effective for appeals filed on or after January 1, 2020, new Internal Claims and Appeals and External Review procedures will now include an External Appeals procedures. This means once you have exhausted the internal appeals procedures of the plan, you may ask for a review by an Independent Review Organization (IRO). The details of this process will be contained in any letters you receive from ProAct concerning an appeal you filed.

The Fund will be hosting a "Town Hall" type meeting with the membership on November 14, 2019 beginning at 1:00 until 2:00 PM located in the Katie Murphy Amphitheater to address any questions members may have concerning the above plan changes.

Attachments: 2

Abbreviated Copay Assistance Drug List

Specialty Brand	Copay Assistance	Noble Availability (*)
Biktarvy	\$0 Copay / \$7,200 max annual benefit	Yes
Cosentyx	\$0 Copay / \$16,000 max annual benefit	Yes
Avonex	\$0 copay / Annual cap may apply depending on income	Yes
Dupixent	\$0 Copay / \$13,000 max annual benefit	Yes
Esbriet	\$5 copay	No
Genvoya	\$0 Copay / \$7,200 max annual benefit	Yes
Humira	\$5 Copay / \$1,200 max monthly benefit / \$12,000 max annual benefit	Yes
Odefsey	\$0 copay / \$6,000 max annual benefit	Yes
Procrit	Assistance available via foundation - not disclosed	Yes
Rebif	\$0 copay	Yes
Tecfidera	\$0 copay	No
Forteo	\$4 copay / \$9,000 max annual benefit	Yes
Botox	\$700/treatment up to 5 treatments over 12 months for Chronic	Yes
Zortress	\$0 copay	Yes

() If there is a "No" listed in the column titled "Noble Availability", the drug is a limited distribution drug (LDD) and Noble is not able to dispense. Other specialty pharmacies who are approved LDD distributors will also use copay assistance programs to assist the members.*

NOTE: This list is subject to change

Step Therapy Medication (Abbreviated List)

Condition	Step 1	Step 2
Cardiovascular		
Statins	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID, LIVALO
Central Nervous System		
ADHD Agents	Any one of the following generics or preferred brands: amphetamine-dextroamphetamine IR or ER, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER VYVANSE	ADDERALL XR2, ADHANSIA XR2, ADZENYS ER2, ADZENYS XR ODT2, APTENSIO XR2, CONCERTA2, COTEMPLA XR-ODT2, DAYTRANA2, DESOXYN2, DYANAVEL XR2, FOCALIN XR2, JORNAY PM2, KAPVAY, METADATE CD2, METHYLIN2 SOLUTION, METHYLIN CHEW2, MYDAYIS2, PROCENTRA2, QUILLICHEW ER2, QUILLIVANT2, RITALIN LA2, ZENZEDI2
Dermatology		
Rosacea	SOOLANTRA MIRVASO	FINACEA FOAM RHOFADÉ
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR, AVANDIA, CYCLOSET, METFORMIN ORAL SOLUTION, RIOMET
Gastroenterology		
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ESOMEPRAZOLE STRONTIUM2, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILLOSEC2, PROTONIX2

1 These medications are also subject to additional step requirements as shown in the table.

2 Quantity limits may also apply. Please refer to the Select Quantity Limits document.

3 Applies to new starts only.