



# United College Employees of FIT Welfare Trust Fund



**Town Hall Meeting**  
**November 14, 2019**

- **Specialty drug copayment increase with Copayment Assistance Program availability**
- **Specialty drug retail fills no longer permitted**
- **Step Therapy Program**
- **Loss of Patient Protection and Affordable Care Act (ACA) grandfathered status**
  - \$0 copayment for generic preventive medication and birth control, when available
  - Maximum out-of-pocket expenses
  - New appeals process for prescription drug claims

- *All* specialty medications must be filled through Noble Health Services. There will not be retail grace fills permitted.
- Source copay assistance for each and every member to reduce out of pocket costs
- Manages the refill process so that you are never out of your medication
- Ancillary supplies free of charge
- Access to disease trained pharmacists
- Emergency on-call support is available 24/7/365

# Specialty Copayment Increase with Copayment Assistance

- **Copayment “Increase”:**

- The copayment for all specialty drug copayments will change. The copay will be 50% but *you should never have to pay more than the current \$50 copay per prescription\**.

In some cases, you will pay less than the \$50 copayment due to:

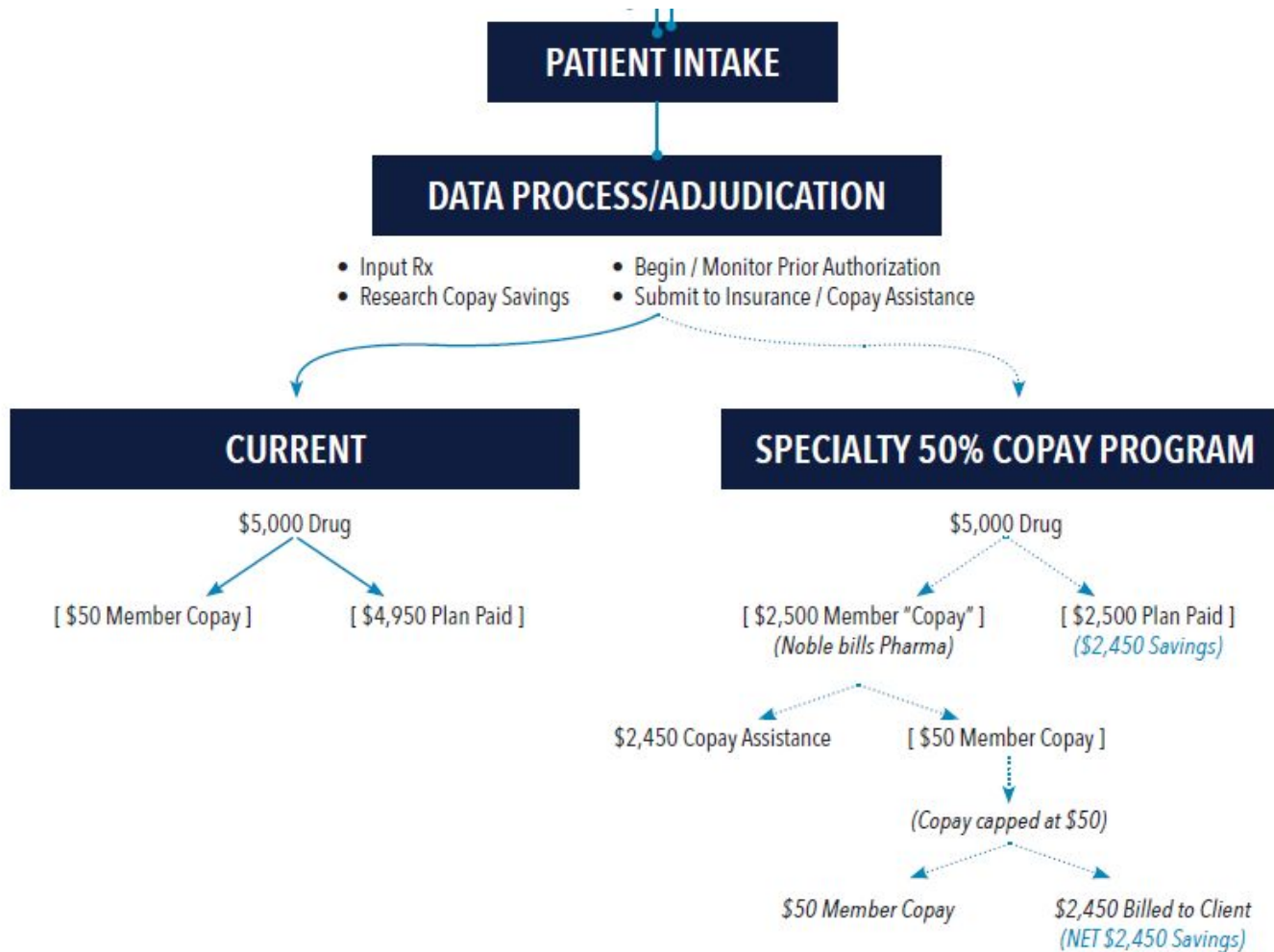
- Noble Health Services, ProAct’s specialty pharmacy, will secure Copayment Assistance, offered by manufacturers and through foundations, to reduce members out-of-pocket expenses. Please note you may be asked to provide information to obtain copayment assistance. Failure to cooperate in the completion of this information will result in a 50% copayment.
- In the event there is not copayment assistance offered by a manufacturer or one does not qualify, your copayment will be still be \$50.

- **Retail One-time Grace Fills No Longer Permitted**

- All specialty medications must be filled through Noble Health Services
- Retail pharmacy fills are not covered

(\*) 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.

# 50% Copay Assistance Program Work Flow



*Note: The term "Client" refers to the Fund*

- Copayment Assistance

## Abbreviated Copay Assistance Drug List:

Specialty Brand	Copay Assistance	Noble Availability (*)
<b>Biktarvy</b>	\$0 Copay / \$7,200 max annual benefit	Yes
<b>Cosentyx</b>	\$0 Copay / \$16,000 max annual benefit	Yes
<b>Avonex</b>	\$0 copay / Annual cap may apply depending on income	Yes
<b>Dupixent</b>	\$0 Copay / \$13,000 max annual benefit	Yes
<b>Esbriet</b>	\$5 copay	No
<b>Genvoya</b>	\$0 Copay / \$7,200 max annual benefit	Yes
<b>Humira</b>	\$5 Copay / \$1,200 max monthly benefit / \$12,000 max annual benefit	Yes
<b>Odefsey</b>	\$0 copay / \$6,000 max annual benefit	Yes
<b>Procrit</b>	Assistance available via foundation - not disclosed	Yes
<b>Rebif</b>	\$0 copay	Yes
<b>Tecfidera</b>	\$0 copay	No
<b>Forteo</b>	\$4 copay / \$9,000 max annual benefit	Yes
<b>Botox</b>	\$700/treatment up to 5 treatments over 12 months for Chronic Migraine max \$3,500 \$1,000/treatment up to 4 treatments ver 12 months for Spasticity, max \$4,000 \$600/treatment up to 4 treatments over 12 months for Cervical Dystonia, max \$2,400 \$500/treatment up to 4 treatments over 12 months for Overactive Bladder, max \$2,000 \$150/treatment up to 4 treatments over 12 months for Blepharospasm, max \$600 \$150/treatment over 12 months for Strabismus, max \$600 \$100/treatment up to 4 treatments over 12 months for severe underarm sweating, max \$400	Yes
<b>Zortress</b>	\$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. The full list is available at the UCE of FIT Welfare Fund website: [www.uce-fit.org/welfarefund/prescriptiondruginformation](http://www.uce-fit.org/welfarefund/prescriptiondruginformation)**

- **Step Therapy Program**

- With this program, you must try a Step 1 medication first before a Step 2 medication may be covered. When your pharmacy receives your prescription, our system will automatically screen the medication for step therapy requirements. If your previous pharmacy claims show you have tried a Step 1 medication in the recent past, the Step 2 medication may be filled. If not, the pharmacist will be notified to contact your doctor to explain next steps.
  - **All *current* utilizers of medications in higher tiers will be grandfathered. This means you will be able to continue to obtain your current medication.**
- Edits are based on nationally recognized guidelines and/or standards of practice and designed to promote the use of more cost-effective or clinically appropriate therapeutic products by requiring prior use of the preferred products.

## Examples of Step Therapy Medications:

Condition	Step 1	Step 2
<b>Cardiovascular</b>		
Statins	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID, LIVALO
<b>Central Nervous System</b>		
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 XR, ADHANSIA XR, ADZENYS ER, ADZENYS XR ODT, APTENSIO XR, CONCERTA, COTEMPLA XR-ODT, DAYTRANA, DESOXYN, DYANAVEL XR, FOCALIN XR, JORNAY PM, KAPVAY, METADATE CD, METHYLIN SOLUTION, METHYLIN CHEW, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT, RITALIN LA, ZENZEDI
<b>Dermatology</b>		
Rosacea	SOOLANTRA MIRVASO	FINACEA FOAM RHOFADÉ
<b>Endocrinology</b>		
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
<b>Gastroenterology</b>		
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ESOMEPRAZOLE STRONTIUM, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC, PROTONIX

Note: this list is subject to change



# Patient Protection and Affordable Care Act (ACA)

- The Patient Protection and Affordable Care Act is health care reform legislation signed into law by President Obama in March 2010. Also known as Obamacare or ACA.
- Key prescription drug program components include coverage of preventive care drugs and maximum out-of-pocket limits.
  - Must be prescribed by a physician, even if an over-the-counter medication
  - Generic preventive care drugs and birth control medications, if available, will be covered at \$0. If you fill the prescription for a brand medication, then the brand copayment will apply; if you are medically unable to take the generic, your doctor must obtain a waiver from ProAct on your behalf
  - Maximum out-of-pocket limits for 2020 are:
    - \$8,150 for self-coverage and \$15,800 for family coverage
- Appeals Process
  - Includes internal appeals procedures and an independent review if all internal appeals are exhausted

A list of the Preventive Care medications may be found on the UCE of FIT Welfare Fund website:

[www.uce-fit.org/welfarefund/prescriptiondruginformation](http://www.uce-fit.org/welfarefund/prescriptiondruginformation) or by contracting ProAct at 1-877-635-9545.



# QUESTIONS?





**Please call the ProAct Help Desk at 1-877-635-9545 with any questions**

**We are available 24 hours a day, 7 days a week**





**THANK YOU**

**PROACT**  
PHARMACY BENEFIT MANAGEMENT