United Food & Commercial Workers Local Union #1189 and St. Paul Food Employers Health Care Plan

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## **\*\*** SUMMARY OF MATERIAL MODIFICATIONS **\***\*

May 2015

To All Employees and Dependents:

This Summary of Material Modifications is an amendment to your Summary Plan Description (SPD) booklet to formalize language incorporating recent Trustee actions regarding your Plan. These changes will be incorporated into a new SPD that we are in the process of preparing.

### New Specialty Medication Step Therapy Program

Prescription drug costs are rising faster than other health care expenses. Some drugs have the potential to be used too often, or incorrectly, and some are very expensive. The United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan is committed to providing you with safe, high quality, and cost-effective pharmacy care.

The Fund has added a Step Therapy Program for certain specialty medications. This Program uses a "step" approach to select the drugs the Plan will cover to treat your condition. This means you may first need to try a clinically appropriate, cost-effective drug before other more costly drugs are approved for payment.

#### What are Specialty Medications?

Specialty medications are generally prescribed for people with complex ongoing medical conditions such as multiple sclerosis, rheumatoid arthritis, and certain cancers. These high-cost medications also have one or more of the following characteristics: injected or infused (but some may be taken by mouth), unique storage or shipment requirements, additional education and support required from a health care professional, and are usually not stocked at retail pharmacies.

#### How Does the Step Therapy Program Work?

In step therapy, medications are grouped into one of two categories:

<u>1<sup>st</sup> Step</u> – First Line Medications – These medications should be tried first. They are mostly generic medications, which are proven to be safe, effective, and affordable.

 $2^{nd}$  Step – Second Line Medications – These are mostly higher costing brand name medications.

If you are currently taking one of the "2<sup>nd</sup> Line Medications" listed on the following pages, that prescription will be "grandfathered" under this Program and no action is required. However, if you are prescribed a Specialty Drug at a later date, which is a "2<sup>nd</sup> Line Medication," you should discuss this Program with your doctor and choose the "1<sup>st</sup> Line Medication" that works best for you. If your doctor decides that you must use a "2<sup>nd</sup> Line Medication," a Step Therapy Authorization form must be submitted by your doctor for approval. If the request is not approved, please remember that you may purchase the medication at your own expense.

# The following Specialty Medications are subject to Step Therapy effective July 1, 2015:

Step Therapy Program name	2 <sup>nd</sup> Line Medications	1 <sup>st</sup> Line Medications (alternatives)
Antidepressants	Aplenzin <sup>™</sup> , Brintellix <sup>™</sup> , Celexa <sup>®</sup> , Cymbalta <sup>®</sup> , Desvenlafaxine, Desvenlafaxine fumarate, Effexor <sup>®</sup> , Effexor XR <sup>®</sup> , Fetzima <sup>™</sup> , Fluoxetine 60mg, Forfivo XL <sup>®</sup> , Khedezla <sup>™</sup> , Lexapro <sup>®</sup> , Luvox <sup>®</sup> CR, Maprotiline, Oleptro <sup>™</sup> , Paxil <sup>®</sup> , Paxil <sup>®</sup> CR, Pexeva <sup>®</sup> , Pristiq <sup>™</sup> , Prozac <sup>®</sup> , Prozac Weekly <sup>™</sup> , Remeron <sup>®</sup> , RemeronSolTab <sup>®</sup> , Venlafaxine ER, Viibryd <sup>™</sup> , Wellbutrin <sup>®</sup> , Wellbutrin SR <sup>®</sup> , Wellbutrin XL <sup>®</sup> , Zoloft <sup>®</sup>	bupropion, bupropion SR, citalopram, duloxetine, escitalopram, fluoxetine, mirtazepine, paroxetine, sertraline, venlafaxine Cymbalta only: amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol
Lipid Management	Advicor <sup>®</sup> , Altoprev <sup>®</sup> , Crestor <sup>®</sup> , Lescol/XL <sup>®</sup> , Lipitor <sup>®</sup> , Liptruzet <sup>™</sup> , Livalo <sup>®</sup> , Mevacor <sup>®</sup> , Pravachol <sup>®</sup> , Simcor <sup>®</sup> , Vytorin <sup>®</sup> , Zocor <sup>®</sup>	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
Zetia	Zetia <sup>®</sup>	atorvastatin, fenofibrate, fluvastatin, gemfibrozil, lovastatin, pravastatin, simvastatin, Crestor, Tricor, Trilipix
Proton Pump Inhibitors (PPIs)	Aciphex <sup>®</sup> – 20mg, Dexilant <sup>™</sup> – all strengths, Esomeprazole Strontium <sup>®</sup> First <sup>®</sup> , Lansoprazole Susp Kit First <sup>®</sup> , Omeprazole Susp Kit/Omeprazole & SyrSpend Kit Nexium <sup>®</sup> – all strengths, omeprazole/sodium bicardonate, Prevacid <sup>®</sup> – all strengths, Prilosec <sup>®</sup> – all strengths, Protonix <sup>®</sup> – all strengths, Zegerid <sup>®</sup> – all strengths	omeprazole, lansoprazole, pantoprazole, rabeprazole
Growth Hormones	Genotropin <sup>®</sup> , Humatrope <sup>®</sup> , Norditropin <sup>®</sup> , Nutropin <sup>®</sup> , Nutropin AQ <sup>®</sup> , Saizen <sup>®</sup> , Serostim <sup>®</sup> , Tev-Tropin <sup>®</sup> , Zorbtive <sup>®</sup>	Omnitrope™
Multiple Sclerosis	Aubagio®, Avonex®, Extavia®, Gilenya™	Betaseron®, Copaxone®, Plegridy™, Rebif®, Tecfidera®

Step Therapy Program name	Medications included in Program	Alternatives to medications in Program
Program name Rheumatoid Arthritis, Psoriasis, and Crohn's Disease - Biologic Immunomodulators	Actemra <sup>®</sup> , Cimzia <sup>®</sup> , Enbrel <sup>®</sup> , Humira <sup>®</sup> , Kineret <sup>®</sup> , Orencia <sup>®</sup> , Otezla <sup>®</sup> , Simponi <sup>™</sup> , Simponi ARIA <sup>®</sup> , Stelara <sup>™</sup> , Xeljanz <sup>®</sup>	If used for rheumatoid arthritis – methotrexate, leflunomide, minocycline, sulfasalazine, hydroxychloroquine If used for psoriasis – methotrexate, anthralin, calcipotriene, coal tar products, topical steroids, cyclosporine, Dovonex, Oxsoralen Ultra, pimecrolimus, Soriatane, tacrolimus, tazarotene If used for Crohn's disease –
		methotrexate, cyclosporine, azathioprine, budesonide, Entocort EC, Asacol/HD, Pentasa

Please keep this Summary of Material Modifications with your SPD booklet for future reference. If you have any questions, feel free to contact the Fund Office.

Yours very truly,

THE BOARD OF TRUSTEES

#### GRANDFATHERED STATUS UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Trustees believe this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator United Food and Commercial Workers Union 1189 at: Local and St. Paul Food Employers Health Care Plan, 3001 Metro Drive, Suite 500, Bloomington, MN 54425, (952) 854-0795 or 1-800-535-6373. You also may contact the Employee Benefits Security Administration, U.S. Department of Labor at: 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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