



SUMMARY OF MATERIAL MODIFICATIONS

Date: November 2018

To: ALL PARTICIPANTS
TEAMSTERS LOCAL 639 – EMPLOYERS PENSION TRUST FUND – 401(h)
RETIREE MEDICAL PLAN

From: The Board of Trustees of the Teamsters Local 639-Employers Pension Trust Fund – 401(h) Retiree Medical Plan

Subject: Notice of Plan Changes

Dear Participant:

This Summary of Material Modifications announces changes to the Fund's coverage for Non-Medicare Eligible Participants of the coverage of opioid prescription drug medications that became effective March 1, 2018 and a new prior authorization requirement with Cigna/Care Allies for certain outpatient injectable prescription drug medications that became effective October 1, 2018.

Please read this document carefully and keep it in a safe place.

1. **Opioid Medication Management Program.** **Effective March 1, 2018**, the Fund, with the help of Caremark, will introduce an opioid medication utilization management strategy under the Fund's prescription drug benefit rules. The opioid management program is aligned with the Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention (CDC) in March 2016 and is based on morphine milligram equivalents (MMEs) – a measure of the number of equivalent milligrams of morphine a drug contains. This program is designed to positively influence the safe use of opioids to treat pain. Specifically, this opioid management program will include the following:

- **Limit Days' Supply.** The length of the first prescription will be limited to seven (7) days (when appropriate) for new, immediate release acute prescriptions for members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization request to Caremark if it is important to exceed the seven-day limit.
- **Limit Quantity.** The quantity of opioid products prescribed (including those that are combine with acetaminophen, ibuprofen, or aspirin) will be limited to 90 MME per day. Physicians who believe a patient should exceed CDC Guideline recommendations can submit a prior authorization request to Caremark for up to 200 MME per day. Quantities higher than that would require an appeal. Products containing acetaminophen, aspirin, or ibuprofen will be limited to four (4) grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen a day.

(over)

- Require Step Therapy. Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the Participant has a previous claim for an IR or ER product, or the physician submits a prior authorization.

2. **Outpatient Injectable Prescription Drug Prior Authorization Requirement. Effective October 1, 2018**, the Retiree Medical Plan will require prior authorization to be performed by Cigna/CareAllies on certain injectable or infused medications that are administered by a health care professional in an outpatient setting.

The Retiree Medical Plan covers most specialty medications under the medical benefits section of the Plan. Specialty medications are certain high cost pharmaceuticals, biotech or biological drugs that are used in the management of diseases, such as injectable, infused, oral medications, or products that may require special handling. Most of the medications are currently being dispensed to the patient's home or physician's office through Caremark's Specialty Pharmacy after review for medical necessity. This requirement and coverage is not changing.

Certain specialty medications are injected or infused only by a health care professional in outpatient settings such as doctors' offices, infusion suites or outpatient facilities. These medications are used to treat rare and chronic conditions such as Duchenne muscular dystrophy, cancer treatment with radioactive drugs, lymphoma with gene therapy and leukemia with CAR T therapy and require special handling and administration. Examples of these medications include Exondys 51, Kymriah, Lutathera and Yescarta. Cigna/CareAllies will review these injectable and infused medications administered in an outpatient setting for medical necessity prior to coverage under the medical plan.

You will receive a new ID card that will advise your health care provider that outpatient review is required for some injectables. This card will also contain the phone number your provider should use to call Cigna/CareAllies to get the needed approvals. In-network providers are responsible for obtaining the necessary approvals. If you are going to an out-of-network provider, it is your responsibility to obtain approval for your injectables.

This SMM describes changes to the Fund's benefits and should be kept with your SPD for handy reference and safekeeping.

If you have any questions, please do not hesitate to contact the Fund Office at (800) 983-2699.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

Sincerely,
The Board of Trustees