

Phone: 508-791-3416
Fax: 508-792-0936

TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

Toll Free
1-800-447-7730



Administrative Offices
330 Southwest Cutoff
Suite 202
Worcester, MA 01604

*** IMPORTANT BENEFIT INFORMATION *** **For BCBSMA ACTIVE and RETIREE PLANS**

April 23, 2021

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes, effective July 1, 2021, in the prescription drug benefits offered to members enrolled in the BCBSMA plans

All Members in BCBSMA Plans:

Updates to BCBSMA Formulary Program

- 1. Medications that are currently covered at a Tier 2 or Tier 3 copay level that will be covered at a Tier 3 copay level for Teamsters Local 170 but excluded from standard BCBSMA Plans effective July 1, 2021.***

BCBSMA will be excluding the drugs below from their standard formulary. Because the Fund has an Open Formulary, these drugs will continue to be covered at a Tier 3 copay level through the Teamsters Local 170 Plans.

If you are taking these drugs now or are prescribed one in the future and continue to take it, you may have an increase in your out-of-pocket costs on or after July 1, 2021. All drugs listed have alternatives that are covered under the plan at various copays levels. Ask your doctor if there is a therapeutically equivalent drug available to you at a lower copay tier. Please be aware that some medications listed below may require prior-authorization and/or step-therapy. If you are currently taking a medication that required step-therapy or prior-authorization and switch to the new drug, you **will not** need a new prior authorization or to start a new step-therapy process on July 1, 2021.

In this therapeutic class or for this condition	This medication or supply will be Covered at a Tier 3 copay	Other alternatives on BCBSMA formulary
Migraine Treatment	Allzital 25 mg/325 mg tablets	Butalbital/Acetaminophen 25 mg/325 mg tablets
Narcotic Analgesics**	Oxycodone ER Oxycontin 10 mg tablets Oxycontin 15 mg tablets Oxycontin 20 mg tablets Oxycontin 30 mg tablets Oxycontin 40 mg tablets Oxycontin 60 mg tablets Oxycontin 80 mg tablets Currently Tier 2-will move to Tier 3	Xtampza ER 9 mg capsules Xtampza ER 13.5 mg capsules Xtampza ER 18 mg capsules Xtampza ER 27 mg capsules Xtampza ER 36 mg capsules
Prenatal Vitamin	Azechew tablets (Currently Tier 3-no change for L170)	Mynatal Mynatal Advance Mynatal Plus Prenatabs FA Prenatabs Rx Trinate
Tetracycline Antibiotic	Minocycline 50 mg tablets Minocycline 75 mg tablets Minocycline 100 mg tablets (Currently Tier 3-no change for L170)	Minocycline 50 mg capsules Minocycline 75 mg capsules Minocycline 100 mg capsules

**The covered alternatives for Narcotic Analgesics will be added to the BCBSMA formulary on April 1, 2021.

2. Medications with a New Quality Care Dosing Limit as of July 1, 2021

BCBSMA is adding the following quality care dosing limits to make sure the quantity and dose of medication that a member receives meets FDA, manufacturer, and clinical recommendations. For a clinical exception to these limits, your doctor will need to request prior authorization.

For this therapeutic class	This medication and dosage	Will have a quality care dosing limit per prescription of
Topical Antibiotic	Gentamicin 0.1% cream	30 grams
	Gentamicin 0.1% ointment	30 grams
Topical Antibiotic/Corticosteroid Combination	Iodoquinol/Hydrocortisone/Aloe gel	48 grams
Topical Antifungal	Ciclopirox 0.77% cream	90 grams
	Ciclopirox 0.77% gel	100 grams
	Ciclopirox 1% shampoo	120 mL
	Ciclopirox 0.77% topical suspension	60 grams
	Nystatin, Nyamyc, Nystop 100,000 units/gram powder	10 grams
Topical Antiviral	Denavir 1% cream	10 grams
Topical Corticosteroids	Halobetasol propionate 0.05% cream	50 grams
	Halobetasol propionate 0.05% ointment	50 grams
Topical Immunosuppressive	Topical Immunosuppressive	120 grams

3. Medications requiring prior authorization prior to being filled at the pharmacy beginning on July 1, 2021.

For certain medications, your doctor must first obtain approval before BCBSMA will cover them. The following medications will require prior authorization effective July 1, 2021:

Medication Name		
Fulphila	Granix	Nivestym
Riabni	Ruxience	Truxima
Udenyca	Zarxio	Ziextenzo

4. Beginning on July 1, 2021, certain infused oncology medications will no longer be covered under the pharmacy benefit, but rather, these medications will be covered under the medical benefit and only under the Quality Care Cancer program.

The infused oncology medications listed below will only be covered under our medical benefit through the Quality Care Cancer Program. Medications in this program will require prior authorization by your provider from AIM Specialty Health® (AIM), an independent company.

The Quality Care Cancer Program, which is administered by AIM, launches July 1, 2021. This program helps ensure the cancer treatments we cover are safe and appropriate for our members, based on approved clinical guidelines.

Members of affected plans who are currently filling these medications under the pharmacy benefit will be allowed to complete their treatment course without interruption of their coverage.

Oncology Medications That Will Be Covered Under Our Medical Benefit		
Abraxane	Herceptin	Onivyde
Arzerra	Herceptin Hylecta	Ontruzant
Bavencio	Herzuma	Opdivo
Cyramza	Imfinzi	Poteligeo
Doxil/Lipodox	Kanjinti	Proleukin
Empliciti	Keytruda	Rituxan-Hycela
Fusilev	Khapzory	Tecentriq
Gazyva	Ogivri	Trazimera

5. *Beginning on July 1, 2021, BCBSMA will be implementing a new Opioid Safety Review*

Effective July 1, 2021, pharmacists filling a member's opioid prescription will be alerted if the member may be receiving a total level of opioids that's potentially unsafe.

Under this safety review, when a pharmacist is filling a member's opioid prescription, they'll receive a real-time alert if the member's total opioid dose across all opioid or opioid-containing prescriptions reaches or exceeds 90 morphine milligram equivalents (MME) per day. If the pharmacist determines the opioid dose is appropriate for care, they can fill the prescription. However, if they believe there could be a safety issue, they may choose not to fill the prescription.

If the pharmacist doesn't fill the prescription, the member's prescribing doctor can contact Blue Cross to request authorization for coverage. If authorized, coverage will be approved for up to one year. However, one of the following must be true for the request to be approved:

The member has a diagnosis of cancer.

The member is receiving opioids as part of palliative care.

The prescriber says that the amount of opioid prescribed is necessary for adequate pain management, based on the member's clinical circumstances.

This safety review doesn't apply to prescriptions written by in-network oncologists, palliative care providers, and pain management specialists.

If you have questions regarding these benefit change, please contact BCBSMA at 800-241-0803.

Respectfully yours,

The Board of Trustees
Teamsters Local 170 Health & Welfare Fund

This document is intended to serve as a "Summary of Material Modifications" (SMM) pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). This SMM is provided to notify you of certain changes to the Teamsters Local 170 Health & Welfare Fund Benefit Plan. The effective dates of the changes are noted. Please keep this SMM with your Summary Plan Description for future reference. This document summarizes certain provisions of the Plan. If there is any conflict between the terms of the Plan document and this document, the terms of the Plan document will govern. The Teamsters Local 170 Health & Welfare Fund reserves the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan. If you have any questions after reviewing the SMM, you may call the Health & Welfare Fund at 1-508-791-3416. The Teamsters Local 170 Health & Welfare Fund reserves the right to change or terminate the health care benefits you currently receive, to change or terminate the eligibility of classes to be covered by the health plan, to change or terminate any health plan term or condition, and to terminate the entire health plan or any part of it at any time and for any reason. No consent of any employee/retiree is required to terminate, modify, amend or change the health care benefits provide by Teamsters Local 170 Health & Welfare Fund.

Teamsters Local 170 Health & Welfare Fund does not discriminate on the basis of race, color, national origin, age, disability or sex.