

TEAMSTERS LOCAL 170  
HEALTH & WELFARE FUND



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**\* IMPORTANT BENEFIT CHANGE INFORMATION \***

**For BCBSMA Members**

**(Please keep this letter available and share with your Doctor)**

April 30, 2015

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of coverage changes **effective July 1, 2015** for select medications offered through the Blue Cross Blue Shield of Massachusetts (BCBSMA) medical and pharmacy benefit.

- 1. Select specialty medications previously covered when purchased by the doctor's office or outpatient hospital clinic must now be obtained from a specialty pharmacy in the BCBSMA Specialty Pharmacy Network or a BCBSMA Home Infusion Therapy Provider.**

Effective July 1, 2015, BCBSMA will no longer cover the specialty medications listed below when purchased by the doctor's office or outpatient hospital clinic. Instead, members must obtain these medications through the BCBSMA Specialty Pharmacy Network or a Home Infusion Therapy provider in the BCBSMA Home Infusion Therapy Provider Network. Prior authorization will also be required for these medications.

Medication Name	Medication Class	Prior Authorization Required	Covered if Purchased by Doctor's Office or Outpatient Hospital Clinic	*Covered if Purchased by Specialty Pharmacy or Home Infusion Provider
IVIG	Immune Serum	Yes	No	Yes
Remicade	TNF inhibitor	Yes	No	Yes
Botulinum toxin	Neuromuscular blocker	Yes	No	Yes

\*Provider must be in the BCBSMA Specialty Pharmacy or Home Infusion Provider Network and prior authorization must be obtained.

*What does this mean for you?*

If you are currently using one of the medications listed above and your doctor's office or outpatient hospital clinic supplies the medication to you, effective July 1, 2015, you will need to select from one of the two options listed below to continue to obtain coverage for your medication.

***Option 1: Obtain the medication from one of the Specialty Pharmacies within the BCBSMA Specialty Pharmacy Network***

- Talk to your doctor about the benefit requirement to use a BCBSMA Specialty Pharmacy or Home Infusion Provider
- Select a Specialty Pharmacy from the BCBSMA Specialty Pharmacy Network (see the list of Specialty Pharmacies at the end of this letter and bring the list with you to your doctor's office)
- Contact the Specialty Pharmacy to set up your profile and discuss your needs
- Ask the Specialty Pharmacy to contact the doctor's office to obtain the prescription order and complete the prior authorization process or have the Dr's office contact the Specialty Pharmacy
- A medication copayment based on the drug tier (generic, preferred brand, non-preferred brand) will apply if you obtain the medication from a Specialty Pharmacy
- In most cases, the medication can be shipped to the doctor's office or outpatient hospital clinic for administration. In the cases where the medication is administered to you in the doctor's office or outpatient hospital clinic, an office-visit copay, deductible or co-insurance will also apply depending upon your benefit plan

***Option 2: Obtain the medication from a Home Infusion Therapy Provider in the BCBSMA Home Infusion Therapy Provider Network***

- Talk to your doctor about the benefit requirement to use a BCBSMA Specialty Pharmacy or Home Infusion Provider
- Ask your doctor to refer you to a Home Infusion Therapy Provider in the BCBSMA Home Infusion Therapy Provider Network
- The Home Infusion Therapy Provider will work with your doctor to complete the prior authorization process
- The Home Infusion Therapy Provider will be able to provide and administer the medication in the home or other convenient setting according to your home infusion therapy benefits and copayments

Contact BCBSMA Member Services at 1-800-217-7878 for additional information regarding this benefit change.

2. Prior authorization will be required for any medications covered under the BCBSMA medical benefit when administered in an office or outpatient setting. This requirement does not apply to the BCBSMA PPO plan.

Prior Authorization is a program to ensure you are receiving a medication to meet your need, while providing cost effective therapy under the medical benefit. The BCBSMA pharmacy benefit already uses a prior authorization program for select medications. Effective July 1, 2015, BCBSMA medical benefit providers must obtain prior authorization for medications administered in a clinic office or outpatient setting. See the attached list of medications which require prior authorization. This requirement does not apply to the BCBSMA PPO plan.

*What does this mean for you?*

If your provider administers a medication to you in an office clinic or outpatient setting, your provider must obtain prior authorization from BCBSMA. It is your provider's responsibility to obtain prior authorization approval. If your provider does not obtain prior authorization approval from BCBSMA before administering the medication, he/she should not charge you for the cost of the medication if BCBSMA does not reimburse the provider for the medication. Your provider must contact BCBSMA to initiate the prior authorization process.

We have included an updated Teamsters Local 170 Health & Welfare Fund Pharmacy Benefit Handbook for the Blue Cross Blue Shield of Massachusetts Pharmacy Benefit with this letter for your records.

Should you have questions regarding any of the changes described in this letter, please contact BCBSMA Member Services at 1-800-217-7878 for additional information.

Always talk to your doctor or health care provider before discontinuing or changing any medication. If you have medical questions please contact your doctor or health care provider.

Respectfully yours,

The Board of Trustees  
Teamsters Local 170 Health & Welfare Fund

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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 Pharmaceutical 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.

<b>Table 1: BCBSMA Specialty Pharmacy Network Providers</b>		
<b>Specialty Pharmacy Name And Website</b>	<b>Customer Service Phone Number</b>	<b>*Customer Service Hours of Operation</b>
AcariaHealth www.acariahealth.com	1-866-892-1202	Monday through Friday 8:00 am to 8:00 pm ET Saturday 8:00 am to 3:00 pm ET Sunday 8:00 am to noon ET
Accredo www.accredo.com	1-877-988-0058	Monday through Friday 9:00 am to 7:00 pm ET
CVS Caremark, Specialty Pharmacy www.cvscaremarkspecialtyrx.com	1-866-846-3096	Monday through Friday 7:30 am to 9:00 pm ET
Onco360, Oncology Pharmacy Solutions www.onco360.com	1-877-662-6633	Monday through Friday 8:30 am to 6:30 pm ET

\*On-call, after-hours service may also be available by calling the specialty pharmacy customer service toll free number.

#### Attachments

- BCBSMA medications that require prior authorization when administered in a clinician's office or outpatient setting
- Teamsters Local 170 Health & Welfare Fund Pharmacy Benefit Handbook for the Blue Cross Blue Shield of Massachusetts Pharmacy Benefit

# Medications that require prior authorization when administered in a clinician's office or outpatient setting

(Current as of March 1, 2015)

These medications require prior authorization when covered under the member's medical benefits and administered in a clinician's office, outpatient setting, or by a home infusion therapy provider. The requirement applies to commercial HMO, POS\*, and Access Blue members who have a Massachusetts-based primary care provider.

Actemra	Gammaflex**	Omontys
Actimmune	Gamunex	Orencia
Advate	Gamunex-C	Orthovisc
Aldurazyme	Gel-one**	Panglobulin
Alferon-N	Genotropin	Privigen
Alphanate	Genotropin Miniquick	Procrit
AlphaNine SD	Glassia**	Profilnine**
Alprolix**	H.P. Acthar Gel	Profilnine SD**
Amevive	Helixate FS	Prolastin
Aralast	Hemofil M	Prolia
Aranesp	Hizentra**	Rebetron
Argam**	Humate-P	Reclast
Bebulin VHI	Humatrope	Recombinant
BeneFIX	Humira	Regranex
Bivigam**	Hyalgan	Remicade
Boniva infusion	Ibandronate Sodium**	RiaSTAP**
Botox	Ilaris	Rituxan
Carimune-NF	Increlex	Rixubis**
Ceredase	Infergen	Saizen
Cerezyme	Intron A	Serostim
Cimzia	Jetrea**	Simponi
Cinryze	KCENTRA**	Somavert
Corifact	Kineret	Stelara
Cytogam**	Koate-DVI	Supartz
Dysport injectable	Kogenate FS	Sylatron
Elelyso**	Leukine	Synagis
ELOCTATE**	Lucentis	Synvisc
Enbrel	Macugen	Tev-Tropin
Encyvio**	Makena	Tysabri
Epogen	Monoclate-P	Vectibix
Erbix	Mononine**	Vivaglobin
Euflexxa	Monovisc**	VPRIV**
Eylea	Myalept**	Wilate
Fabrazyme	Myobloc	Xeomin
FEIBA NF**	Naglazyme	Xgeva
FEIBA VH IMMUNO**	Norditropin	Xiaflex
Flebogamma	NovoSeven**	Xolair
Flebogamma Dif	NovoSeven RT**	Xyntha
Forteo	Nutropin	Zemaira**
Gammagard	Nutropin AQ	Zoledronic Acid**
Gammagard S/D	Octagam	Zometa
Gammaked	Omnitrope	Zorbtive

\*For Blue Cross members, an authorization is not required if using the self-referred benefit.

\*\*This medication requires prior authorization starting on July 1, 2015

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