

Bruce W. Both *Plan Manager*
Employee Trustees
Anthony G. Speelman
Rhonda Nelson
Robert W. Newell, Jr.
Theresa Quiñones *Pension*
Joseph Waddy *Welfare*



Employer Trustees
David B. Gillis
Richard Grobman
Michael Grosso

WELFARE & PENSION FUNDS

425 MERRICK AVENUE, WESTBURY, NY 11590
TEL: 516-214-1300

December 29, 2014

To All Eligible Participants:

This notice, called a "Summary of Material Modifications" ("SMM"), is being provided to advise you of a change the Board of Trustees has made to the Prescription Drug Benefit under all Plans of the UFCW Local 1500 Welfare Fund. After you have read this SMM, please keep it with your Summary Plan Description ("SPD") booklet so that when you refer to the SPD you will be reminded of the changes described in this SMM.

The UFCW Local 1500 Welfare Fund has modified the Plans to require prior authorization for certain medications deemed "pharmacogenomic" medications. "Pharmacogenomic" medications are drugs where a lab result and/or genetic testing is a vital element in determining if a drug is being used appropriately. "Pharmacogenomic" prior authorization provides the Fund with a basis to make more informed coverage decisions and more cost-effective and improved quality of care determinations for Fund Participants. Prior authorization leverages available "pharmacogenomic" information to determine drug coverage for appropriate candidates. Prior authorization rules include requiring "pharmacogenomic" testing to obtain coverage authorization, as appropriate, by drug and disease. Such testing will offer the Fund precision when managing prescription drug coverage for our members. **This change is effective March 1, 2015.**

Examples of these medications are Afinitor, Bosulif, Erbitux, Gleevec, Harvoni, Herceptin, Iclusig, Incivek, Kadcyla, Kalydeco, Olysio, PEG-Intron, Pegasys, Perjeta, Silzentry, Sovaldi, Spyrzel, Stivarga, Tarceva, Tasigna, Tykerb, Vectibix, Viekira Pak, Victrelis, Xalkori and Zeiboraf. However, this list changes as new medications are developed.

If you are diagnosed with an illness or condition that requires a "pharmacogenomic" medication, Express Scripts will need to review the prescription with your doctor **before** it can be filled and covered under your prescription benefit. During the review, your doctor can provide Express Scripts with more detailed information on your prescription so Express Scripts can make sure its use falls within the Plan's rules. These rules are based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

To obtain prior authorization, ask your doctor to call Express Scripts at 1-800-417-1764, Monday - Friday 8 AM to 9 PM Eastern Time, to arrange a review. **If your doctor does not call and get approval, you will be responsible for the full cost of the medication.**

If your request for a pharmacogenomic medication is denied by Express Scripts, you may appeal the denial to the Board of Trustees following the Fund's Claim Appeal Procedures.

If you have any questions as to whether or not a medication being prescribed by your doctor requires prior authorization, contact Express Scripts Customer Service Department at 1-877-861-8145.

If you have any questions regarding any of the information in this notice, please contact Associated Administrators, LLC at 1-855-266-1500.

Sincerely,

The Board of Trustees