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WELFARE & PENSION FUNDS

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IMPORTANT NOTICE FOR THE FULL-TIME, SPECIAL PART-TIME AND PT ACA PLANS CHANGES TO YOUR PRESCRIPTION DRUG BENEFIT

Effective April 1, 2022, the UFCW Local 1500 Welfare Fund will require all medications that are filled through the mail order portion of the prescription drug benefit to be filled through the Express Scripts mail order pharmacy. Additionally, as of April 1, 2022, your specialty medication must be filled through Accredo, which is part of Express Scripts and the Fund's exclusive specialty pharmacy.

Also effective April 1, 2022, the UFCW Local 1500 Welfare Fund is partnering with Express Scripts' program, SaveOnSP, to help you save money on specific specialty medications if you are considered eligible. SaveOnSP is a program covering certain specialty medications which ensures that, once you are enrolled and eligibility is confirmed, you have no financial responsibility for those specialty medications. Medications included in the SaveOnSP program consist of products covering conditions such as Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology, and others. You will be able to access the list of medications to see if your medication is included in the program at the SavOnSP website. However, the current listing of the specialty medications within the SavOnSP program is attached hereto for your convenience. The medications highlighted in red indicate medications that are no longer part of the SavOnSP program. The medications highlighted in green indicate medications that have recently been added to the SavOnSP program. As the medications in the SavOnSP are subject to change at any time, you should go to the SavOnSP website and review the listing of medications included in the program anytime you are prescribed a specialty medication.

If you are using a medication included in the program, you may be eligible for the SavOnSP program.

Who is Eligible for SavonSP?

- Individuals who are currently taking a medication on the SaveOnSP Specialty Drug List; and
- Individuals who use their coverage under this Fund as their primary health coverage.

***Individuals who use Medicare or Medicaid as their primary insurance are not eligible for this program.

What do I need to do to enroll?

If you are already taking a medication on the SavOnSP list, SavOn SP customer service will contact you to discuss the program. Once you decide to enroll in the program, SavOnSP customer service will contact the manufacturer with you to enroll you. Thereafter, SavOnSP will notify the pharmacy of the secondary billing information. All medication must be filled by Accredo, the approved exclusive specialty pharmacy under the program. You will then receive the medication at no cost.

State Benchmark = CA, CO, UT 2022 SaveOnSP Drug List

Please call 1-800-683-1074 to participate. Once enrolled, your responsibility will be \$0.



Effective January 1, 2022

The SaveOnSP Drug List is subject to change at any time. The inclusion of a particular specialty prescription drugs within the SaveOnSP Program is subject to SaveOnSP Program design, as well as applicable laws or regulations. Prescription benefit plan terms will take precedence and determine access to all specialty prescription drugs on SaveOnSP Drug List; medical benefit drugs are excluded from the SaveOnSP Program. The specialty medications included on this list will have a 30% coinsurance, but with participation in SaveOnSP your final cost will be \$0.

A

Abraxane
Actemra
Acthar
Actimmune
Adakveo
Adcetris
Adecirca
Advate
Adynovate
Afinitor
Afstyla
Aldurazyme
Alecensa
AlphaNine
Alprolix
Alunbrig*
Ampyra

Arcalyst
Asceniv
Aubagio
Austedo
Avastin
Avonex
Avsola

Ayvakit*

B

Bafiertam
Balversa*
Benefix
Benlysta
Beovu
Berinert
Betaseron
Blenrep*
Bosulif
Braftovi
Brukinsa*

C

Cablivi*

Cabometyx
Calquence*
Caprelsa*
Carbaglu
Cayston
Cerdelga
Cholbam*
Cimzia
Cinryze
Cometriq
Copaxone
Copiktra*
Cosentyx
Cotellic
Crysvita
Cuvitru
Cyramza
Cystadrops*

D

Darzalex
Darzalex
Faspro
Daurismo
dimethyl fumarate
Dojolvi
Doptelet
Dupixent

E

Elaprase
Elelyso
Eloctate
Empliciti
Enbrel
Enhertu
Enspryng
Entyvio
Epclusa
Erbitux
Erivedge
Erleada

Esbriet
Esperoct
Evenity
Evkeeza*
Exjade
Exondys 51*
Extavia
Eylea

F

Fabrazyme
Farydak
Fasenna
Feiba NF
Ferriprox*
Fintepla*
Firazyr

Firdapse*
Folotyng
Forteo

Fotivda*
Fulphila

G

Galafold
Gamifant*
Gammagard
Gattex
Gavreto
Gazyva
Gilenya
Gilotrif
Givlaari
glatiramer
Glatopa
Gleevec
Gocovri*
Granix

H

Haegarda
Halaven
Harvoni

Hemlibra
Herceptin
Herceptin
Hylecta
Herzuma
Hetlioz
Humate-P
Humira
Hyqvia

I

Ibrance
Iclusig*
Idelvion
IDHIFA
Ilaris
Ilumya
Imbruvica*
Imcivree*
Imfinzi
Increlex
Inflectra
Ingrezza*
Inlyta
Inqovi
Inrebic
Iressa
Istodax
Ixempra
Ixinity

J

Jadenu
Jakafi
Jemperli
Jevtana
Jivi
Juxtapid
Jynarque*

K

Kadcyla
Kalbitor

Kalydeco
Kanjinti
Kanuma
Kesimpta
Keveyis*
Kevzara
Kisqali
Kogenate FS
Koselugo*
Kovaltry
Krystexxa

L

Lemtrada
Lenvima
Letairis
Leukine
Libtayo*
Lonsurf
Lorbrena
Lucentis
Lumakras
Lumizyme
Lumoxiti*
Lupkynis*
Luxturna
Lynparza

M

Makena
Margenza*
Mavenclad
Mayzent
Mekinist
Mektovi
Mvasi
Myalept

N

Nerlynx
Neulasta
Neupogen
Nexavar

*Indicates drug not dispensed by Accredo Pharmacy. Continue to fill through approved pharmacy.



40 La Riviere, Suite 310, Buffalo, NY 14202



800.683.1074

Nexvazyme

Ninlaro
 Nityr
 Nivestym
 Northera
 Novoeight
 Novoseven RT
 Nplate
 Nubeqa
 Nucala

Nulibry*

Nuplazid
 Nuwiq
 Nyvepria

O

Ocaliva
 Ocrevus
 Odomzo
 Ogivri
 Olumiant

Ontruzant*

Onureg
 Opdivo
 Opsumit
 Orencia
 Orenitram
 Orfadin*
 Orgovyx*
 Orkambi
 Orladeyo*
 Otezla
 Oxbryta
 Oxervate
 Oxlumo*

P

Padcev
 Palynziq

Pemazyre*

Perjeta
 Phesgo
 Piqray
 Plegridy
 Polivy
 Poteligeo*
 Procysbi
 Promacta
 Pulmozyme

Q

Qinlock*

R

Radicava*
 Ravicti
 Rebif
 Rebinyn
 Recombinate
 Remicade

Remodulin

Renflexis
 Retevmo
 Revatio

Revcovi***Revlimid**

Riabni
 Rinvoq
 Rituxan
 Rituxan Hycela
 Rixubis
 Rozlytrek
 Ruxience

Rybrevant

Rydapt

S

Sandostatin Lar
 Depot

Saphnelo*

sapropterin
 Sarclisa*
 Serostim
 Signifor LAR*

Signifor*

Siliq
 Simponi
 Skyrizi
 sofosbuvir;
 ledipasvir
 sofosbuvir;
 velpatasvir
 Soliris
 Somatuline
 Depot
 Somavert
 Sovaldi
 Spinraza
 Sprycel
 Stelara
 Stivarga

Strensiq*
 Sublocade

Sutent

Sylvant**Symdeko****T**

Tabrecta
 Tafinlar
 Tagrisso
 Takhzyro
 Taltz
 Talzenna
 Tasigna

Tavalisse*

Tazverik*
 Tecentriq
 Tecfidera

Tegsedi

Tepezza
 Thiola*
 Tibsovo*
 Tobi Podhaler
 Tracleer
 Trazimera
 Tremfya
 treprostinil
 Tretten
 Trikafta

Triptodur*

Trodely*

Truseltiq*

Truxima

Tukysa*

Turalio*

Tykerb

Tysabri

Tyvaso

U

Udenyca

Ukoniq*

Ultomiris

Upravi

V

Valchlor
 Vectibix
 Venclexta*
 Verzenio
 Viltepso*
 Vistogard*
 Vitrakvi
 Vizimpro
 Vonvendi
 Vosevi
 Votrient

Vumerity

Vyleesi*
 Vyndamax
 Vyndaquel
 Vyondys 53*
 Vyxeos*

W

Wakix
 Wilate

X

Xalkori
 Xeljanz
 Xembify
 Xenazine
 Xermelo*
 Xgeva
 Xolair

Xospata*

Xpovio*

Xtandi

Xyntha

Xyrem

Y

Yervoy

Z


Zarxio
 Zejula*
 Zelboraf
 Zeposia
 Ziextenzo
 Zirabev
 Zokinvy*
 Zolgensma
 Zydelig
 Zykadia
 Zytiga


If you are prescribed a medication after the April 1, 2022 effective date, the following steps should be taken to properly enroll.

- Review the list of medications included in the program. If you are taking one or more of the medications, call SaveOnSP to enroll at 800-683-1074.
- If you are already enrolled in a manufacturer program that assists you with obtaining your medication, please have your manufacturer program issued ID available when you call. The call will be very short. If you are new to the program, the call will take approximately 10 minutes.
- If your specialty medication is noted on the SaveOnSP drug List, you **must** participate in the SaveOnSP program to receive your medications free of charge (\$0) **and** you must speak with SaveOnSP prior to the first fill under the program.
- Your prescriptions must be filled through your exclusive specialty pharmacy, Accredo.
- **If you do not participate in the SaveOnSP program, you will be responsible for a 30% coinsurance for the medications on the attached SaveOnSP Drug list.**
- These medications will not count towards your deductible or out-of-pocket maximums.¹
- Certain manufacturers require annual enrollment. You will only be contacted once per year to ensure you are properly enrolled in this program.

The following example is provided below to demonstrate the importance of enrolling in the SaveOnSP program:

Patient Savings Example²

	Sue PARTICIPATES in SaveOnSP to save on her specialty medications.
Current copay	\$100
New Coinsurance	\$1,000 (dollar owed based on coinsurance)
Final Cost	\$0
SaveOnSP will monitor Sue's account to make sure <i>she incurs no cost (\$0).</i>	

	Sue DOES NOT PARTICIPATE in SaveOnSP to save on her specialty medications.
Current copay	\$100
New Coinsurance	\$1,000 (dollar owed based on coinsurance)
Final Cost	\$1,000
SaveOnSP cannot monitor Sue's account. <i>She is responsible for the 30% coinsurance specific to the medication.</i>	

If you have any questions or need more information, please contact the UFCW Local 1500 Welfare Fund (516) 214-1337/(516) 214-1336 or SaveOnSP at 1-800-683-1074 Monday – Thursday 8:00 a.m. – 9:00 p.m. Eastern and Friday 8:00 a.m. – 7:00 p.m. Eastern.

Please keep this with your Summary Plan Description as a reference for future use.

Fraternally yours,

Board of Trustees

¹ The medications included in the SaveOnSP program are classified as Non-Essential Health Benefits under the Affordable Care Act.

² This is a general example of patient savings. For your specific medication, see the attached drug list.

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