

June 2020

**TO: All Active & OTS Retirees Participants of UHA Medical Plan
Hawaii Teamsters Health & Welfare Trust Fund**

FROM: Board of Trustees

SUBJECT: INDEMNITY PRESCRIPTION DRUG PLAN – PROGRAM CHANGES

Effective September 1, 2020, there will be two changes to your Indemnity Prescription Drug Plan with UHA / OptumRx.

1. Step Therapy edits will be implemented on targeted medications.
2. Generic Substitution: Dispense as Written Rule 1 (DAW1) will be implemented for all Brand Name Medications with Generic Alternatives.

Note: If you have questions about these changes or your prescription drug benefits, contact OptumRx at (808) 947-8510.

I. Step Therapy

Step Therapy is a program designed especially for members who take prescription drugs regularly for an ongoing medical condition such as arthritis, asthma, high cholesterol, or high blood pressure. For targeted medications, drugs are grouped into specific categories based on cost effectiveness and safety. Step Therapy encourages the use of preferred medications that are cost effective and will work optimally for the vast majority of patients with the least number of side effects. The first step is typically generic drugs (first tier), followed by lower cost brand drugs (second tier), and then the higher cost brand drugs (third tier). If you are prescribed a brand name medication that has a generic equivalent, you will be required to try the generic medication before obtaining the brand name medication. If you require a second or third tier medication, your physician must submit a Prior Authorization request to the Pharmacy Benefits Manager.

Members will only pay one applicable copayment while they are going through the Step Therapy process. Once a medication is deemed acceptable and Step Therapy no longer applies, usual copayments will apply.

II. Generic Substitution

A generic equivalent will be substituted for a brand name drug, **even when a physician directs that substitution is not permissible.** Plan members who choose not to use the generic equivalent will pay the applicable copayment plus the cost difference between the brand name and the generic equivalent medication. If you require the brand name medication in place of the generic equivalent, your physician must submit a Prior Authorization request to the Pharmacy Benefits Manager for review. The brand name medication must be deemed medically necessary in order to receive a Prior Authorization.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Fund Office at 842-0392, or for neighbor islands, call toll free at (866) 772-8989.

If you are unable to contact the Trust Fund Office during normal business hours, send an email to hiteamstersinfo@brmsonline.com to get your questions answered.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.