



**EUTF**



# Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

PPO Prescription Drug Plan  
Active Employees  
Non-Medicare Eligible Retirees

Guide to Benefits  
July 2009



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# I. Important Information

## ***Welcome to informedRx!***

informedRx is the Pharmacy Benefit Manager (PBM) that administers the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Prescription Preferred Provider Organization (PPO) Drug Plan for the following participants:

- Active Employee
- Non-Medicare Eligible Retiree
- Medicare Eligible Retiree

informedRx, formerly known as National Medical Health Card, Inc. (or NMHC), was renamed informedRx as a result of an acquisition by SXC Health Solutions, Inc. in May 2008. SXC Health Solutions, Inc. (or SXC) is headquartered in Lisle, IL. SXC has three (3) corporate divisions that administer and provide services to EUTF participants. These divisions include the following:

- informedRx – Pharmacy Benefit Manager (PBM)
- informedMail – Prescription Mail Order Service
- Ascend SpecialtyRx – Specialty Prescription Mail Order Service

More information about SXC is available on the corporate website at <http://www.sxc.com>.

## ***EUTF-informedRx Prescription ID Card***

Participants enrolled in the EUTF-informedRx Prescription Drug Plan receive an ID card. Present the EUTF-informedRx ID card at the pharmacy so that the pharmacist may update their system with your participant information and submit your prescription claim(s) to informedRx. Your prescription ID card also contains the informedRx Customer Care Center toll-free telephone number. For your convenience, Customer Care Professionals are available to assist you 24 hours a day, 7 days a week.

*Note: If you currently have an existing EUTF-NMHC prescription ID card, there are no immediate changes to your prescription ID card. Please continue to present your prescription ID card to your pharmacy.*

## ***Guide to Benefits***

This Guide to Benefits provides details about your prescription drug coverage as a participant of the EUTF-informedRx Prescription Drug Plan. This Guide explains to you:

- What is covered by the Plan and what is not covered.
- How to get your prescriptions filled, including some rules you must follow.
- What you will pay for your prescriptions.
- Your rights and responsibilities as a participant of the Plan.

You should keep this Guide along with other EUTF benefit information so that you have up-to-date information.

The information contained in this Guide is presented as a service to participants and should not be used in place of consultation or advice from your physician. Always seek the advice of your physician with any questions that you may have regarding your current and future drug therapy or medications.

*Note: The terms “you” and “your” referred in this Guide mean you and your dependent(s) that are participants of the EUTF Prescription Drug PPO Plan. “We,” “us” or “our” refers to informedRx. The*

*EUTF Prescription PPO Drug Plan administered by informedRx is referred to as “Plan” or “EUTF-informedRx Prescription Drug Plan.”*

### **Questions**

For more information on the EUTF-informedRx Prescription Drug Plan, please contact the Customer Care Center. Customer Care Center contact information may be found in Section VI on page 17.

## II. Description of Benefits

Affordable prescription coverage is a key component in your overall health care. To address rising prescription drug costs, the EUTF has worked with informedRx to develop a pharmacy program that helps improve the quality of prescription drug therapy while containing Plan costs. With the EUTF-informedRx Prescription Drug Plan, you have access to the broadest possible selection of prescription drugs.

Coverage is available for prescription drugs, insulin, diabetic supplies, select over-the-counter (OTC) medications, and contraceptives, but only when:

- Obtained by prescription, and
- Dispensed by a licensed pharmacy.

A **prescription drug** is any drug that by federal or state law can only be dispensed upon a physician's order. Medications that are available as both a prescription drug and a non-prescription drug may not be covered as a prescription drug under this Plan.

*Note: Participant co-payments for prescription drugs do not apply toward meeting the medical plan's annual out-of-pocket maximum, and benefits paid for prescription drugs shall not be applied toward the lifetime maximum benefit limit as defined by the PPO medical plan.*

The EUTF-informedRx Prescription Drug Plan includes the following programs and features:

- Preferred Formulary List
- 4-Tier Prescription Drug Program
- Utilization Management Guidelines
- Ascend SpecialtyRx (Specialty Prescription Mail Order Service)
- informedMail (Prescription Mail Order Service)
- Coordination of Benefits

### ***Preferred Formulary List***

Drugs are placed into each tier based on evaluations made by the informedRx Pharmacy & Therapeutics (P&T) Committee, a team of physicians and pharmacists from throughout the country. The P&T Committee meets regularly to review the most current drug therapies and medical studies. From this information, decisions and updates are made to the Preferred Formulary List.

The P&T Committee evaluates clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy (i.e., the power or capacity of a drug to produce beneficial results)
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Patient administration/Compliance considerations

When a new drug is considered for inclusion to the formulary list, it will be reviewed relative to similar drugs currently included on the established formulary.

A Preferred Drug List (PDL), a condensed version of the formulary, can be found on the “Links to Carrier Web Sites” located on the EUTF website at <http://www.eutf.hawaii.gov> or by calling the Customer Care Center.

### **4-Tier Prescription Drug Program**

The Plan’s 4-Tier program is simple. With this benefit, your drugs fall into one of four categories or “tiers.” Each tier has a different co-payment amount.

Drugs on the formulary are organized into different drug tiers or groups of different drug types. Your co-insurance or co-payment depends on which drug tier your drug is in.

*Note: Some drugs are subject to the Reference-Based Pricing Program (see page 10).*

#### **Tier 1: Best Value with Generic Drugs**

There are good reasons to ask your physician to prescribe generic drugs. Generic drugs:

- Are Food and Drug Administration (FDA)-approved and as safe and effective as brand name drugs
- Work the same way as brand name drugs
- Have the lowest co-payment

#### **Tier 2: Good Value with Preferred Brands**

We recommend selecting a Tier 2 drug when there is no generic alternative or if your physician decides a brand name drug is most appropriate for your condition. Preferred brand drugs:

- Are clinically safe and effective as shown by data from medical literature
- Are cost-effective, providing the best results at the most affordable price
- Have a moderate co-payment

#### **Tier 3: Non-Preferred Brands**

Non-Preferred brand name drugs:

- Are drugs with Tier 1 or Tier 2 alternatives (equally safe and effective but generally less costly than Tier 3)
- Are drugs still under review for formulary consideration by the P&T Committee
- Have the highest co-payment

#### **Tier 4: Specialty Drugs**

Specialty medications are high-cost oral medications used to prevent organ rejections after transplant, or self-administered injectables used to treat diseases like Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C Virus, Crohn’s Disease, and others.

### **Utilization Management Guidelines**

In an ongoing effort to effectively manage your prescription drug benefits, clinical guidelines have been included as part of your prescription benefit plan design. These clinical guidelines are known as Contingent Therapy Protocol, Step Therapy, Quantity Limitations, and Prior Authorization. This section is intended to explain these guidelines, their purpose, and identify examples of common medications that are managed under these guidelines.

Clinical guidelines are necessary because there are certain medications that require closer review to support their benefit(s) to the patient. informedRx provides recommendations concerning coverage of

these medications by verifying their appropriateness before payment of a prescription can be authorized. Medications selected to be included for utilization management guidelines are typically expensive, have off-label (i.e., not approved by the FDA) uses or have the potential to be abused or used inappropriately.

In most cases, participants and dependents taking one or more of the medications subject to review will not experience a delay in obtaining their medicine. You may experience a delay, however, if the appropriate documentation cannot be obtained immediately. If a delay occurs, we apologize for the inconvenience, but please understand the purpose of this review is to make sure the medications are being dispensed for the appropriate reason and to protect the integrity of the EUTF-informedRx Prescription Drug Plan.

Please note that the need for these clinical guidelines impacts only a small number of medications such as those listed in the table on page 6. However, clinical guidelines may be applied to newly approved medications as necessary.

### **Contingent Therapy Protocol**

Contingent Therapy Protocol ensures that medications are being used as approved by the FDA. It is a systematic process that electronically reviews a participant's prescription claims history to determine if the drug submitted for coverage meets therapy protocols for required concurrent drug therapy. The claim will either pay or reject depending on protocol specifications. The protocols are developed by informedRx's clinical staff and P&T Committee to ensure appropriate utilization thereby decreasing inappropriate drug therapy.

Contingent Therapy Protocol is managed automatically when you bring your prescription to the pharmacy to be filled. The pharmacist will be able to tell you when they process your prescription whether or not it is covered by this Plan.

### **Step Therapy**

Step Therapy requires the use of lower-cost alternatives (i.e., First-Line Agents) prior to gaining access to more costly brand name products. This means that coverage of a requested medication is approved only if you have tried certain other medications first and that they proved ineffective in the treatment for your medical condition. This is a systematic process that electronically reviews your prescription claims history to determine if the requested drug meets therapy protocols prior to utilizing a Second- or Third-Line Agent. The claim will process or reject depending on protocol specifications.

### **Quantity Limitations**

Quantity Limitations ensure that you receive the medication in the quantity considered safe by the FDA, medical studies and input, review, and approval from the informedRx P&T Committee. This means that the EUTF-informedRx Prescription Drug Plan will only cover a certain number of pills or units (i.e., injections or nasal spray bottles) within a specified time period, usually 30-days. This limitation is typically in place for medications that have an abuse potential (such as narcotics) or for medications that have been deemed by the FDA to be safe only in limited amounts (such as migraine medications).

### **Prior Authorization**

A Prior Authorization (PA) means that the EUTF has appointed informedRx to conduct a clinical review of certain medications prior to authorizing payment under this Plan. This review consists of two (2) steps:

*Step 1:* A medical diagnosis is obtained from the prescribing physician (some medications may require additional information). Your pharmacist may supply informedRx with the necessary

information required to perform the review if the information is provided on the prescription, or your physician can call or fax the appropriate medical documentation to us.

*Step 2:* Clinical personnel at informedRx then determines if the condition falls within the appropriate medical guidelines, which are based both on clinical judgment and current medical literature. The decision of the Clinical Department will determine if the medication in question will be covered by the Plan.

For drugs that require a prior authorization, your pharmacist or physician can initiate a PA request. Appropriate forms may be obtained from <http://www.myinformedrx.com> or by contacting the Customer Care Center.

In the event that coverage for your prescription is not approved, you may choose to appeal the denial in writing along with a letter of medical necessity from your physician. Instructions for submitting an appeal for benefits consideration are outlined in Section V on page 14.

The table below lists examples of medications that are affected by these clinical guidelines. You may also contact the Customer Care Center if you want to determine whether or not a drug is affected by these clinical guidelines.

### **Contingent Therapy Protocol**

	<u>Affected Medications</u>
<i>Drugs Used for Pain:</i>	Actiq & Fentora

### **Step Therapy**

	<u>Affected Medications</u>
<i>Antidiabetic Agents:</i>	Januvia, Janumet, Actos, Actoplus Met, Avandia, Avandamet, Avandaryl & Duetact
<i>Antidepressants:</i>	Antidepressants available as brand only such as: Cymbalta, Effexor XR, Lexapro, Luvox CR & Pristiq
<i>Osteoporosis Agents:</i>	Fosamax D, Actonel & Boniva

### **Quantity Limitations**

	<u>Affected Medications</u>
<i>Drugs Used for Pain:</i>	All acetaminophen containing narcotic products (i.e., Vicodin, Lorcet, Lortab, etc.), Avinza, Kadian, MS Contin, Opana, Opana ER, Ultram, Ultram ER, Ultracet, Stadol NS, Toradol & Duragesic Patches
<i>Drugs Used for Nausea:</i>	Anzemet, Emend, Kytril & Zofran

### **Prior Authorization**

	<u>Affected Medications</u>
<i>Acne/Cosmetic Products:</i>	Avita, Differin, Retin-A & Tretinoin
<i>Arthritis Agents:</i>	Celebrex 400mg
<i>Pulmonary Hypertension:</i>	Revatio

It is important to talk with your physician before making any changes in your medications. If your physician chooses to leave your current prescription unchanged, please contact the Customer Care Center to begin the Prior Authorization process.

### ***Ascend SpecialtyRx (Specialty Prescription Mail Order Service)***

Coverage and management of specialty medications are available with the EUTF-informedRx Prescription Drug Plan through Ascend SpecialtyRx. Specialty medications are high-cost oral medications used to treat cancer or prevent organ rejections after transplant, or self-administered

injectables used to treat diseases like Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C Virus, Crohn's Disease, and others. These medications require extensive patient education, monitoring for adverse reactions and ongoing communication between a clinician and participants.

Ascend SpecialtyRx uses evidence-based care plans and medication management outreach programs to help participants use these complex medications properly. Medications for the treatment of the following conditions are available through Ascend SpecialtyRx:

- Arthritic Disorders
- Blood Disorders
- Crohn's Disease
- Cystic Fibrosis
- Fabry Disease
- Gaucher's Disease
- Growth Hormone Deficiency
- Hemophilia
- Hepatitis-C
- HIV/AIDS Wasting
- Immune Deficiency
- Multiple Sclerosis
- Neuromuscular Disorders
- Oncology (Cancer)
- Organ Transplant
- Osteoporosis
- Pompe's Disease
- Psoriasis
- Respiratory Syncytial Virus

If you are prescribed a specialty drug, you will be contacted by one of Ascend SpecialtyRx's Care Coordinators to enroll you in the Specialty Medication Therapy Management Program. You may also contact us toll-free at 1-800-850-9122.

Ascend SpecialtyRx will send your specialty medications directly to your home or workplace and provide you with expert clinical consultation, when and as you need it. Medications are shipped through experienced overnight carriers, such as UPS. If your medication requires special handling or refrigeration, it will be packed and shipped accordingly. There is no extra cost for shipping or handling.

### ***informedMail (Prescription Mail Order Service)***

informedMail offers an easy, cost-effective and convenient way to receive your maintenance medications. Medications can be delivered to your home, workplace or alternative location of your choosing. Unless your physician directs the use of a brand name drug by clearly indicating it on the prescription, your prescription will be filled with the generic equivalent when available and permissible by law. With informedMail, you will receive up to a 90-day supply of prescription medication for two (2) retail co-payments.

*Note: If the prescription medication you are prescribed is included in the Reference-Based Pricing Program, then your co-payment will vary based on the difference in price of the most cost effective drug (the Preferred drug) and the more costly product (Non-Preferred drug).*

Mail order prescription refills are available after two-thirds of your prescription has already been used. Shipping is free. However, informedMail also offers expedited shipping for an extra charge.

### **Mandatory Maintenance Mail Order Program**

The Mandatory Maintenance Mail Order Program requires that you obtain your maintenance medication(s) through informedRx's mail service pharmacy, informedMail, after receiving three (3) 30-day fills at a retail pharmacy. Examples of maintenance medications are prescription drugs that are prescribed for the treatment of ongoing or chronic conditions such as high blood pressure, diabetes, heart disease or thyroid condition.

After you obtain your first 30-day fill of a maintenance medication at the retail pharmacy, you will receive a courtesy notification letter from informedRx notifying you that your maintenance medication

qualifies for the Maintenance Mail Order Program. When you have reached the three 30-day supply limit, you will need to obtain future maintenance prescription(s) through informedMail.

### ***Coordination of Benefits***

The EUTF-informedRx Prescription Drug Plan coordinates benefits with other prescription drug programs that you and/or your eligible dependent(s) may be enrolled in. Ask your pharmacy if they have the ability to submit claims online to informedRx for benefits coordination at the pharmacy counter. Otherwise, you will need to submit your receipts for reimbursement consideration. A *Direct Participant Reimbursement Form* may be found online via the “Links to Carrier Web Sites” located on the EUTF website at <http://www.eutf.hawaii.gov> or by contacting the Customer Care Center.

### III. Your Co-Payment Obligations

Participant cost share or co-payment applies to most covered prescription drug services and is either a fixed dollar amount, a percentage of the eligible charge, or in some cases, a combination of both. Benefits for prescription drugs vary depending on whether the drug is a Generic Drug, a Preferred Brand Name Drug, a Non-Preferred Brand Name Drug, or a Specialty Drug. Benefit levels also vary depending on whether you use a participating or non-participating pharmacy provider. Co-payments for prescription drugs are listed in the following table\*.

<b>Drugs Purchased at a Retail Pharmacy 30-day supply</b>	<b>Participating</b>	<b>Non-Participating**</b>
Generic	\$5	\$5 plus 20%
Preferred Brand	\$15	\$15 plus 20%
Non-Preferred Brand	\$30	\$30 plus 20%
Specialty Drug*** (via Ascend SpecialtyRx)	20%	Not Covered

  

<b>Mail Order Drugs 90-day supply</b>	<b>informedMail</b>	<b>Non-Participating</b>
Generic	\$10	Not Covered
Preferred Brand	\$35	Not Covered
Non-Preferred Brand	\$60	Not Covered
Specialty Drug*** (via Ascend SpecialtyRx)	20%	Not Covered

\*This table does not apply to those drugs that are subject to the Reference-Based Pricing Program.

\*\*In addition to the co-payment noted in the table, you will also be responsible for any charges exceeding the EUTF's Eligible Charge.

\*\*\*All Tier 4 Specialty drugs will have a \$250 co-payment maximum per fill and a \$2,000 out-of-pocket maximum per plan year.

### Network Pharmacies

#### Participating Pharmacies

informedRx has many participating pharmacies in Hawaii and over 57,000 pharmacies throughout the mainland in our national pharmacy network. All major chain pharmacies in Hawaii and on the mainland are included as well as many independent pharmacies.

You may receive up to a 30-day supply of prescription medication at your local, retail pharmacy. If you go to a participating pharmacy, you will pay only your co-payment amount. There are no claim forms to complete. If you are planning to travel to the mainland, you may contact the Customer Care Center to find a participating pharmacy in our national network.

#### Non-Participating Pharmacies

If you choose to get a prescription filled at a pharmacy that is a non-participating or "out-of-network" pharmacy, you will be required to pay the full price for the prescription at the pharmacy.

In order to be reimbursed for your prescription, you will need to submit a claim to informedRx. A *Direct Participant Reimbursement Form* may be found online via the "Links to Carrier Web Sites" located on the EUTF website at <http://www.eutf.hawaii.gov> or by contacting the Customer Care Center.

You will be responsible for the co-payments outlined in the above table plus any charges exceeding the EUTF's payment of 80% of Eligible Charge.

## ***Co-Payment Optimization Program***

The EUTF-informedRx Prescription Drug Plan includes a Co-Payment Optimization Program for mail order service. If your physician prescribes a maintenance medication for a 30-day supply with two or more refills then informedMail will automatically fill and send you the maximum supply allowed (resulting in a maximum total of a 90-day supply per shipment).

Co-payment amounts are for a maximum 90-day supply or fraction thereof. A 90-day supply is a supply that will last you 90 consecutive days or a fraction thereof. You must pay a 90-day co-payment even if the prescription is written for less than a 90-day supply. Situations in which this would occur include, but are not limited to:

- The physician prescribes a drug in pill form that must be taken only on the last five (5) days of each month. A 90-day supply would equal fifteen (15) pills, the number of pills you must take during a three (3) month period.
- The physician prescribes a 30-day supply of a drug that is packaged in less than a 30-day quantity, for example, a 28-day supply. The pharmacy would fill the prescription by giving you three (3) packages each containing a 28-day supply of the drug. You would owe a 90-day co-payment for the 84-day supply.

## ***Reference-Based Pricing Program***

The EUTF-informedRx Prescription Drug Plan includes a Reference-Based Pricing Program which takes into account the many brand name medications having lower costing generics and over-the-counter (OTC) equivalents. With this program, the most cost-effective FDA-approved drug will be designated as the Preferred drug within each of the three (3) drug categories or classes.

The Reference-Based Pricing Program applies to the following three drug classes:

1. Cholesterol lowering drugs known as **Statins**
2. Anti-heartburn/ulcer medications known as **Proton Pump Inhibitors or PPIs**
3. Allergy medications known as **Low or Non-Sedating Antihistamines**

For each drug that is included in the Reference-Based Pricing Program, a therapeutic alternative drug exists that is approved by the FDA to treat the same condition. With this program, you have an opportunity to save a significant amount of money by using the therapeutic alternative drug (also known as the Preferred drug).

If you are prescribed and take a Preferred drug, then you will pay the generic co-payment for the drug. However, if you choose to take or continue to take a Non-Preferred drug (the more costly drug) in one of the three drug classes and a therapeutic alternative exists; your co-payment will no longer be a fixed amount, but will vary based on the difference in price of the most cost effective drug (the Preferred drug) and the more costly product (Non-Preferred drug).

To avoid paying a higher out-of-pocket co-payment for Non-Preferred medication, you may want to speak with your physician to determine if a Preferred medication is appropriate for your treatment.

The following table is a listing of medications that are affected by the Reference-Based Pricing Program.

<b>Low Cost Alternative (Preferred Drug)</b>	<b>Co-payment for 30-Day Supply at Retail/90-Days at Mail for the Low Cost Alternative</b>	<b>Non-Preferred Drug</b>	Estimated Co-payment Range for <u>30-Day</u> Supply for Non-Preferred Drug at <u>Mail or Retail*</u>
simvastatin (Generic for Zocor)	\$5/\$10	Altoprev Crestor (5mg & 10mg) Lescol Lescol XL Lipitor (10mg, 20mg & 40mg) lovastatin Mevacor Pravachol pravastatin Zocor	\$13–\$143
Prilosec OTC** (Brand or Generic)	\$5/\$10	Aciphex Kapidex Nexium omeprazole pantoprazole Prevacid Protonix Zegerid	\$71–\$142
Claritin OTC or Claritin-D OTC** (Brand or Generic)	\$5/\$10	Allegra Allegra-D cetirizine OTC cetirizine-D OTC Clarinet Clarinet-D fexofenadine Xyzal Zyrtec OTC Zyrtec-D OTC	\$6–\$89

\*Co-payments and savings are estimates only and may vary based on market price fluctuations.

\*\*These over-the-counter (OTC) medications will be available at the generic co-payment with a valid prescription.

## IV. Benefit Limitations and Exclusions

### ***Benefit Limitations***

#### **Retail and Mail Order**

Co-payment amounts are for a maximum 30-day supply or fraction thereof when using a retail pharmacy and a 90-day supply or fraction thereof when using the mail order pharmacy. A 30-day supply is a supply that will last you for a period consisting of 30 consecutive days. For example, if your physician prescribes a drug that you must take only on the last five (5) days of a one-month period, a 30-day supply would be the amount of the drug that you must take during those five (5) days.

Ophthalmic Drugs Dispensed in Manufacturer's Original Unbreakable Package: You owe one co-payment for each prescription up to 59 days, two co-payments for 60–89 days, and three (3) co-payments for 90–119 days. Examples of ophthalmic drugs that come in unbreakable packages are eye drops, eye creams, and eye ointments.

Covered diabetic supplies are limited to syringes, needles, lancets, auto-lancet devices, test strips, acetone test tablets, insulin tubing, and calibration solutions.

The following prescribed medications have benefit limitations:

- Smoking cessation drugs are limited to:
  - Nicotine transdermal patches under Federal control. You are eligible to receive benefits for one treatment cycle per calendar year with a limit of two treatment cycles per lifetime.
  - Oral smoking cessation drugs and their generic equivalents.
- Coverage of prescription vitamins and minerals are limited to:
  - The treatment of an illness that in the absence of such vitamins and minerals could result in a serious threat to your life (for example, folic acid used for the treatment of cancer), or
  - Sodium fluoride, if dispensed as a single drug (for example, without any additional drugs such as vitamins) for the prevention of tooth decay.
- Oral compound preparations are covered, but only if they contain at least one (1) prescription drug that is not a vitamin or mineral.

#### **Specialty**

Specialty medications are only available in a 30-day supply. However, oral transplant medications may be obtained in a 90-day supply.

### ***Benefit Exclusions***

The fact that a medication is recommended or prescribed by a physician does not mean that the EUTF-informedRx Prescription Drug Plan covers the medication. Prescription medication benefits are subject to all the limitations and exclusions determined by the EUTF and are subject to change at any time without prior notice.

The following are specific limitations and exclusions:

- Immunization agents
- Agents used in skin tests to determine allergic sensitivity
- All drugs to treat or diagnose infertility
- All drugs to treat sexual dysfunction, except suppositories listed in the Preferred Drug List and used to treat sexual dysfunction due to an organic cause as defined by informedRx
- Smoking cessation agents or devices except as specified in covered benefit sections
- Appliances and other non-drug items
- Drugs furnished to hospital inpatients
- Convenience packaged drugs
- Unit dose drugs
- Drugs that may be purchased without a prescription
- Drugs indicated for cosmetic purposes or use
- Drugs to enhance athletic performance
- Injectable travel immunizations
- Reusable devices
- Drugs associated with excluded services
- Lifestyle drugs. Lifestyle drugs are pharmaceutical products that improve a way or style of living rather than alleviating a disease. Lifestyle drugs that are not covered include, but are not limited to: creams used for the prevention of skin aging, and drugs for shift work sleep disorder
- Contraceptive foams, creams, condoms or other non-prescription substances or supplies used individually or in conjunction with any other prescribed drug or device
- Services and supplies (including prosthetic devices) related to erectile dysfunction except if due to an organic cause and approved by informedRx
- Agents, both oral and topical, related to the treatment of baldness or hair loss regardless of condition

## **V. Your Rights and Responsibilities as a Participant of this Plan**

### ***Update Your Records***

If you move, have a change of address, or have a change in eligibility status or dependents, you must contact the EUTF to provide your updated information.

### ***Prescription Identification Card***

You must use the EUTF-informedRx prescription ID card for prescription drug coverage at participating pharmacies. Please carry your prescription ID card that we provide you at all times and remember to show your card when you get covered prescription drugs.

If you currently have an existing EUTF-NMHC prescription ID card, there are no immediate changes to your prescription ID card. Please continue to present your prescription ID card to your local retail pharmacy.

If your ID card is damaged, lost, or stolen, please contact the Customer Care Center right away and we will send you a new card. You may visit the <http://www.myinformedrx.com> website to print a temporary ID card.

### ***Your Right to Appeal***

#### **Your Request for an Appeal**

If you wish to dispute a determination made by informedRx related to coverage, reimbursement, any other decision or action by informedRx, or any other matter related to this Guide to Benefits, you must request an appeal. Your request must be in writing to informedRx unless you are requesting an expedited appeal. informedRx must receive it within one (1) year from the date of the action or decision you are contesting. In the case of coverage or reimbursement disputes, this is one (1) year from the date informedRx first notified you of the denial or limitation of your claim, or of the denial of coverage for any requested service or supply. Address Written Requests to:

informedRx  
Attn: EUTF Appeals Department  
2441 Warrenville Road, Suite 610  
Lisle, IL 60532-3642

Or, send a fax toll-free to: 1-866-511-2202

Be sure to provide the information described in the section below labeled “What Your Request Must Include.” Requests which do not comply with the requirements of this section will not be recognized or treated as an appeal by informedRx.

informedRx will respond to your appeal within sixty (60) calendar days of the receipt of your appeal.

#### **Expedited Appeal**

You may request an expedited appeal if application of the time periods for appeals above may:

- Seriously jeopardize your life or health, or
- Seriously jeopardize your ability to gain maximum functioning, or
- Subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the appeal.

informedRx will respond to your request for an expedited appeal as soon as possible taking into account your medical condition, but no later than 72-hours after the receipt of your request.

## Who Can Request an Appeal

Either you or your authorized representative may request an appeal. Authorized representatives include:

- Any person you authorize to act on your behalf provided you follow procedures which include filing a form with informedRx. To obtain a form to authorize a person to act on your behalf, call the Customer Care Center at 1-866-533-6977. TTY/TDD users should call 1-866-443-1094.

*Note: Requests for appeal from an authorized representative who is a physician or practitioner must be in writing unless requesting an expedited appeal.*

- A court appointed guardian or an agent under a health care proxy.

## What Your Request Must Include

To be recognized as an appeal, your request must include all of the following information:

- The date of your request.
- Your name.
- The date of the service that was denied (in the case of prior authorization for a service or supply, the date of denial of coverage for such service or supply), or the date of informedRx's action or decision that you dispute.
- The subscriber number from your prescription ID card.
- The provider name.
- A description of facts related to your request and why you believe the action or decision was in error.
- Any other information relating to your appeal including written comments, documents, and records you would like reviewed.

You should keep a copy of the request for your records as it will not be returned to you.

## Requesting a Review of the Appeal

If you disagree with informedRx's appeal decision and would like to appeal further, you must appeal the decision to the EUTF Board of Trustees by submitting a written request to:

EUTF Appeals  
201 Merchant Street, Suite 1520  
Honolulu, HI 96813

Your written request should include all of the following information:

- Your name, mailing address, and telephone number.
- A description of the decision that you are appealing.
- A statement of all the facts relevant to your appeal.
- A statement of all the reasons that support your appeal.
- A description of the relief that you are seeking.

In your written request, you may request expedited review of your appeal, if a delay in review could:

- Seriously jeopardize your life or health, or
- Seriously jeopardize your ability to regain maximum functioning, or
- In the opinion of a physician with knowledge of your medical condition, subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of your appeal.

Upon receiving your written request, the EUTF will advise you as to the procedures for further handling of your appeal. Your appeal initially may be handled by a Hearing Officer designated by the EUTF Board of Trustees.

If you disagree with the decision of the EUTF Board of Trustees and would like to appeal further, you must appeal that decision to the Hawaii Circuit Court. If you file any appeal from the decision of the EUTF Board of Trustees in the Hawaii Circuit Court, on the date of filing that appeal, you shall notify informedRx that your appeal has been filed by mailing a copy of your appeal to informedRx at the following address:

informedRx  
Attn: EUTF Appeals Department  
2441 Warrenville Road, Suite 610  
Lisle, IL 60532-3642

The procedures set forth in this section on Dispute Resolution shall be the sole remedy for disputing a determination made by informedRx related to coverage, reimbursement or any other decision or action by informedRx, or any other matter related to this Plan. You shall not have any right of action against informedRx in litigation or arbitration related to these disputes and any such claims shall be null and void. Any appeal filed by you pursuant to these procedures shall not name informedRx as a party to the appeal.

## **VI. Contact Information**

The informedRx Customer Care Center is available to assist you with questions regarding the EUTF-informedRx Prescription Drug Plan. The Customer Care Center is accessible by walk-in, telephone and online.

### ***Oahu***

201 Merchant St., Suite 1510

Honolulu, HI 96813

Office Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.

### ***Toll-Free Telephone***

1-866-533-6977

TTY/TDD users should call 1-866-443-1094.

Customer Care Professionals are available to assist you 24 hours a day, 7 days a week.

### ***Online***

EUTF-informedRx Prescription Drug Plan information can be found online via the “Links to Carrier Web Sites” located on the EUTF website at <http://www.eutf.hawaii.gov>.

Plan information can also be found on [myinformedrx.com](http://myinformedrx.com) (formerly known as [mynmhc.com](http://mynmhc.com)). At [myinformedrx.com](http://myinformedrx.com) you have the ability to manage and access your prescription benefit information online. [myinformedrx.com](http://myinformedrx.com) allows you to:

- Review prescription benefit plan information
- Request replacement ID card and print temporary ID cards
- Search for participating pharmacies near any address or location
- Request mail order prescription refills
- Check the status of your mail order request
- Search for medications and generic equivalents
- Calculate your co-payment
- View your personal information

[myinformedrx.com](http://myinformedrx.com) offers a convenient, safe and secure online environment for prescription information using your own unique login and password information. You can access [myinformedrx.com](http://myinformedrx.com) at <http://www.myinformedrx.com>.

*Note: If you previously registered with [mynmhc.com](http://mynmhc.com), you may continue to go to [mynmhc.com](http://mynmhc.com) and use your existing login and password as you will be automatically redirected to the [myinformedrx.com](http://myinformedrx.com) website.*

### ***informedMail***

1-866-533-6977

Customer Care Professionals are available to assist you 24 hours a day, 7 days a week.

Physicians may fax prescriptions toll-free to 1-800-881-1889. Please note, in order for a fax transmission to be legally valid, the fax must originate from the physician. All state laws apply.

## ***Ascend SpecialtyRx***

Ascend SpecialtyRx's customer service hours are:

Monday thru Friday 4:00 a.m. – 6:00 p.m. HST

Saturdays 4:00 a.m. – 8:00 a.m. HST

Toll-Free Telephone: 1-800-850-9122

An Ascend SpecialtyRx Clinical Specialist is available 24 hours a day, 7 days a week for emergency "on call" services by calling the toll-free number above. Visit the Ascend SpecialtyRx website at <http://www.ascendspecialtyrx.com>.

## VII. Glossary

The following is a listing of terms that are found throughout the Guide. If you have any questions regarding the contents of this Guide, please contact the Customer Care Center.

**Ascend SpecialtyRx** – Ascend SpecialtyRx is the Plan’s exclusive specialty medication pharmacy. Ascend SpecialtyRx is a division of SXC Health Solutions, Inc.

**Appeal** – An appeal is a special kind of complaint you make if you disagree with a decision to deny a request for a prescription drug or payment for prescription drugs you already received. For example, you may ask for an appeal if this Plan does not pay for a drug you think you should be able to receive. Section V on page 14 explains appeals, including the process involved in making an appeal.

**Brand Name Drug** – A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the drug. Brand name drugs have the same active-ingredient formula as the generic version of the drug. However, generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the brand name drug has expired.

**Covered Drugs** – The term we use to mean all of the prescription drugs covered by the Plan.

**Customer Care Center** – A department within informedRx responsible for answering your questions about your prescription benefits. See Section VI on page 17 for information about how to contact the Customer Care Center.

**FDA (Food and Drug Administration)** – the FDA is a Federal agency within the Department of Health and Human Services. The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, and nation’s food supply, cosmetics and other products that emit radiation.

**Formulary** – A listing of drugs that are covered by the Plan. Drugs are placed on the formulary by informedRx’s P&T Committee.

**Generic Drug** – A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

**informedMail** – informedMail is the Plan’s exclusive mail order service pharmacy. informedMail is a division of SXC Health Solutions, Inc.

**informedRx** – informedRx was formerly known as National Medical Health Card, Inc. or NMHC. NMHC was renamed informedRx as a result of an acquisition by SXC Health Solutions, Inc. in May 2008. informedRx is a division of SXC Health Solutions, Inc.

**Maintenance Medications** – Maintenance medications are prescription drugs that are prescribed for the treatment of ongoing or chronic conditions such as high blood pressure, diabetes, heart disease or thyroid condition.

**NMHC (National Medical Health Card)** –National Medical Health Card, Inc. or NMHC was the former name for informedRx. NMHC was renamed informedRx as a result of an acquisition by SXC Health Solutions, Inc. in May 2008.

**Non-Participating Pharmacy** – A “non-participating pharmacy” or “out-of-network pharmacy” is a pharmacy that does not have a contract with the Plan to coordinate or provide covered drugs to participants.

**Participant (“participant of our Plan” or “plan participant”)** – A person who is eligible to get covered services and whose enrollment has been confirmed by the EUTF.

**Participating Pharmacy** – A participating pharmacy is a pharmacy where participants of our Plan can go to get their prescription drug benefits. We call them “participating pharmacies” or “network pharmacies” because they contract with the Plan.

**Pharmacy Benefit Manager (PBM)** – A company that administers a prescription drug plan. informedRx is the Pharmacy Benefit Manager or PBM for the EUTF PPO Prescription Drug Plan.

**Preferred Drug List** – A condensed version of the formulary (or listing of covered drugs) provided by the Plan.

**Prior Authorization** – Approval in advance to get certain drugs that may or may not be on our formulary. Some drugs are covered only if your physician gets “prior authorization” from us.

**Quantity Limits** – A management tool that is designed to limit the use of selected drugs for quality, safety, or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.

**Specialty Medications** – Specialty medications are high-cost oral medications used to treat cancer or prevent organ rejections after transplant, or self-administered injectables used to treat diseases like Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C Virus, Crohn’s Disease, and others.

**Step Therapy** – A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.