# Plan Change Alert

**New Market Priced Drug (MPD) Program Effective 11/1/2016**

<table>
<thead>
<tr>
<th>Plan Sponsor</th>
<th>Geographic Area</th>
<th>Number of Participants Serviced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska United Food and</td>
<td>Alaska</td>
<td>2,000</td>
</tr>
<tr>
<td>Commercial Workers Trust</td>
<td></td>
<td></td>
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</tbody>
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## Announcement

Effective November 1, 2016, the Alaska United Food and Commercial Workers Trust will add a New Market Priced Drug component to their Pharmacy Benefit Plan administered by Avia Partners. The program significantly modifies copays for drugs in 44 Therapeutic Categories that have lower cost therapeutic alternatives available.

This change will require participants to choose one of three options:

1. Continue to use their current prescription and pay the higher cost
2. Switch to a lower cost alternative and save money
3. Ask their provider to file for a MPD exception request form

## Action Requested

Review the materials included with this announcement to prepare and effectively assist participants as follows:

- Contact Avia Partners and the Provider to resolve member issues and facilitate the member switch to a lower cost alternative
- Successfully facilitate the point-of-service protocols for the Exception Request Process and One Time Copayment Override

## Information Included with this Alert

- Program Overview
- Member communication templates
- List of the Non-Preferred Therapeutic Categories
- One Time Copayment Override rules and process
- Frequently Asked Questions

## Program Overview

The Program asks the member to pay the difference in costs for two therapeutically similar drugs. For example, the average monthly cost for the first line treatment of high cholesterol can range from $4 for Simvastatin (20mg) to $91 for Lipitor (10mg). Both drugs provide a similar clinical benefit, but vary significantly in cost. The copay difference reflects the cost difference between the two prescriptions. Members are encouraged to ask their provider to select the most cost-effective therapy for them.

## The Exception Request Process

The plan allows providers to request exceptions from the program for their patients in cases where lower cost options are inappropriate for a member based on their specific medical circumstance.

The treating provider can complete and submit the Market Priced Drug Exception Request Form to Avia Partners via fax or mail. Pharmacists and participants can obtain an Exception Request form by calling Avia Partners at 1-800-273-9166.

Once approved, Avia Partners will load an override in the system and notify the Pharmacist.
| **Adjudication Alert One Time Copayment Override Process** | When processing a Non-Preferred Drug, you will receive the system message 1. The system will prompt the Pharmacist to notify the member of their new copayment, and discuss the MPD program, including offering to assist the member switch to a lower cost alternative.  
2. If the pharmacist is not able to contact the provider and/or the prescription cannot be changed to a lower cost alternative while the member is still at the pharmacy, the Pharmacist will call Avia Partners’ Customer Service at 1-800-273-9166 for a one-time exception.  
3. Avia Partners’ Customer Service will provide the Pharmacist a PA # (if one has not been submitted for the member) to enter into the pharmacy’s claim system and the non-preferred drug will adjudicate at the member’s previous non-MPD program copayment. |
|---|---|
| **Member Communication Templates (Resource #1 & 2)** | Announcement letter template was sent to all members from WPAS on 9/1/2016. Example provided is for Active members only.  
Personalized Switch letters are scheduled to be sent to all impacted members from Avia Partners on 10/1/2016. **This letter contains the list of lower cost alternatives a member should review with their doctor.** |
| **Market Price Drug Categories (Resource #3)** | A list of the Non-Preferred Therapeutic Categories in the MPD program. |
| **One-Time Copayment Override (Resource #4)** | If the member is eligible for a one-time copayment override, you will receive a PA # when you contact Avia Partners for that prescription only.  
The member is eligible for a one-time copayment override per drug. Once the system has adjudicated the PA # for that drug, the member is not eligible for another override for the same drug. The member has the choice of discussing options with their provider to switch to a lower cost alternative, file for an exception, or pay the higher copayment. |
| **Frequently Asked Questions (Resource #5)** | A resource of Frequently Asked Questions that you can use to help members with questions concerning the new MPD program. |
TO: All Active Participants and Dependents

Alaska United Food and Commercial Workers Health and Welfare Trust

RE: Summary of Material Modification – Prescription Drug Benefit Changes

This notice is considered an insert to your current (January 2010) Summary Plan Description. Please read this notice carefully as it describes important changes to your benefits provided through the Trust.

Market Priced Drug (MPD) Program through RxTE

Effective November 1, 2016, the Trust will introduce a Market Priced Drug (MPD) program. As you know, the pharmacy prescription drug market continues to undergo significant changes, with many new, expensive drugs being introduced. Often these very expensive drugs have much lower cost alternatives (generic, or even over the counter in some cases) available to treat the condition. The new MPD program will help you and your provider identify lower cost drugs for treating some common health conditions. Under the MPD program, lower cost drugs are called “Preferred” Drugs. The MPD program applies to many, but not all categories of prescription drugs.

About the Prescription Drug MPD Program

How does the MPD program work?

Identify Preferred Drugs: Preferred drugs are determined to be more cost effective for treating a specific condition. The Preferred drug will be similar in clinical effectiveness to the non-preferred drug in achieving the intended health goal.

If you use the Preferred Drug, you pay the applicable brand or generic copayment for the Preferred Drug.

Non-Preferred Drugs: If you use a non-Preferred drug, the Trust will pay the same cost it would for the lower cost Preferred drug and you will pay the difference in the cost in addition to the applicable brand or generic copayment.

IMPORTANT:

• If you use a “Preferred” Drug, there will be no change to your prescription drug costs.
• If you use a “Non-Preferred” Drug, you will pay more.
• Your provider will be able to request an exception if there is a medically necessary recognized reason for you to take a Non-Preferred Drug.
• Avia Partners will contact you before November 1st if you are currently taking a Non-Preferred drug.
You can impact your prescription drug costs. If you use a Non-Preferred Drug, talk with your provider about the new MPD program. Ask if a lower cost Preferred Drug is right for you.

What You Need to Do

The MPD program is effective November 1, 2016. If you are currently taking prescription drugs, be sure to tell your provider about the MPD program right away. Also, when you need prescription drugs in the future, be sure to tell your provider about this program so a Preferred drug can be prescribed.

If you recently started using a Non-Preferred Drug or are prescribed one in the future, you and/or your covered dependents will receive your first fill at the pharmacy, but a special letter will be sent from Avia Partners notifying you that the medication is non-Preferred. The letter will provide the alternative Preferred Drugs available and the estimated costs. It will also explain how to get a new prescription for a Preferred Drug. If you receive one of these letters from Avia Partners, we encourage you to share it with your provider and ask if a less costly Preferred Drug is right for you. Your provider knows your full medical history and which drug therapies he/she prefers for you. The cost for a prescription; however, is determined by the Plan’s prescription drug and MPD program.

MPD Program Examples – Drugs to Treat High Cholesterol†

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Drug Category</th>
<th>Non-Preferred Drug</th>
<th>Preferred Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Cholesterol</td>
<td>Statins</td>
<td>Crestor*</td>
<td>simvastatin, lovastatin</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>Fibrates</td>
<td>Tricor*</td>
<td>fenofibric acid, gemfibrozil</td>
</tr>
</tbody>
</table>

†This is not a full list of cholesterol drugs included in the MPD program.

Under the current benefit plan your estimated costs are:

<table>
<thead>
<tr>
<th>Estimated Costs* (per 30 days, 1 tablet per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently using Tricor® 145mg</td>
</tr>
<tr>
<td>Tricor® drug price</td>
</tr>
<tr>
<td>Member copayment* Active</td>
</tr>
<tr>
<td>$25 or 30% of cost</td>
</tr>
<tr>
<td>Total member cost per month</td>
</tr>
</tbody>
</table>

| Switch to fenofibric acid 105mg                   |
| fenofibric acid drug price                        | $24.30 |
| Member copayment* Active                          | Greater of: |
| $5 or 10% of cost (to max of $30)                | $5 or 10% of cost (to max of $30) |
| Total member cost per month                       | Active - $5.00 |

The following example illustrates your estimated costs for the Preferred Drug Fenofibric acid vs the Non-Preferred Drug Tricor. If you continue on Tricor rather than switch to Fenofibric acid, beginning November 1, 2016 your current copayment will increase as illustrated above.
Estimated Costs* (per 30 days, 1 tablet per day)

<table>
<thead>
<tr>
<th>OPTION 1: Continue using Tricor® 145mg</th>
<th>OPTION 2: Switch to fenofibric acid 105mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tricor® drug price</td>
<td>fenofibric acid drug price</td>
</tr>
<tr>
<td>$143.16</td>
<td>$24.30</td>
</tr>
<tr>
<td>Plan Pays:</td>
<td>Plan Pays:*</td>
</tr>
<tr>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>$19.30</td>
<td>$19.30</td>
</tr>
<tr>
<td>Total member cost per month</td>
<td>Total member cost per month</td>
</tr>
<tr>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>$123.86</td>
<td>$5.00</td>
</tr>
<tr>
<td>Estimated member yearly cost</td>
<td>Estimated member yearly cost</td>
</tr>
<tr>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>$1,486.32</td>
<td>$65.00</td>
</tr>
</tbody>
</table>

* Costs and savings in the chart above are illustrative only. Actual costs and savings may vary.

If you have questions regarding your prescription drug benefits, or if you and your provider decide a Preferred Drug is not right for you, you may call Avia Partners at (800) 273-9166, 24 hours a day 7 days a week to discuss your benefits or to request an exception. Your provider must complete a short form and provide to Avia Partners evidence of a recognized medical reason for the exception request. If approved, you will pay the Preferred copayment for the medication.

<table>
<thead>
<tr>
<th>Your Options</th>
<th>Things to Consider</th>
<th>What You’ll Pay</th>
</tr>
</thead>
</table>
| 1. Continue to use your current non-preferred prescription | ▪ You will likely have to pay more  
▪ Your costs will change as the price of the drug changes | ▪ The difference between the price of your non-Preferred medication and the price of the preferred therapeutic alternative plus the therapeutic alternative’s copay |
| 2. Switch to a lower-cost therapeutic alternative or Preferred Drug | ▪ You may have several options, depending on the condition  
▪ Talk to your doctor | ▪ If you choose the Preferred Drug, you pay the generic copay |
| 3. Ask your doctor to file a MPD Exception Request Form | ▪ If you have tried the alternative, or there are contraindications, you or your doctor may request an exception | ▪ If your MPD Exception Request Form is approved, you pay the generic copay |

Board of Trustees  
Alaska United Food and Commercial Workers Health and Welfare Trust  

Important Pharmacy Benefit Information
Dear <<Member First>> <<Member Last>>:

Avia Partners manages your prescription drug program provided through coverage under the Alaska UFCW Health and Welfare Trust. Beginning November 1, 2016, the prescription drug benefit will include a Market Priced Drug program. This is a reminder about how the new program works and how it will affect what you pay for the prescription drugs you are now taking. Your copay will be different from the current copay structure under the Market Priced Drug program for certain specific drugs you are currently taking.

The Market Priced Drug (MPD) program will help you and your provider identify lower cost prescription drugs for treating some very common health conditions. These lower cost drugs are called “Preferred” Drugs under the MPD program. If you use a drug that is **not** on the MPD Preferred Drug list (called a “Non-Preferred” Drug), your out-of-pocket cost will likely be much higher.

The following chart shows prescriptions you filled for Non-Preferred Drugs. **If you fill a prescription for a Non-Preferred Drug on November 1, 2016 or later, your copay will be much higher for that Non Preferred drug** (unless you are granted an exception to continue on the non-preferred drug**). Using Preferred Drugs instead will help keep your out of pocket costs down, and the Plan’s costs lower.

<table>
<thead>
<tr>
<th>Your Non-Preferred Drug</th>
<th>Amount You Will Pay for Non-Preferred Drug*</th>
<th>Preferred Drug</th>
<th>Your Preferred Drug Copayment</th>
<th>Yearly Savings with Preferred Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Drug 1&gt;&gt;</td>
<td>$&lt;&lt;Drug 1Pay&gt;&gt;</td>
<td>$&lt;&lt;Alt1Pay&gt;&gt;</td>
<td>$&lt;&lt;Alt1Save&gt;&gt;</td>
<td></td>
</tr>
<tr>
<td>&lt;&lt;Drug 2&gt;&gt;</td>
<td>$&lt;&lt;Drug 2Pay&gt;&gt;</td>
<td>$&lt;&lt;Alt2Pay&gt;&gt;</td>
<td>$&lt;&lt;Alt2Save&gt;&gt;</td>
<td></td>
</tr>
</tbody>
</table>

**Total potential yearly savings with Preferred Drug(s):** $<<TotalSave>>

*All dollar amounts are based on the days supply dispensed for the Non-Preferred Drug. Savings are estimated and may vary. If you no longer use any medications listed in the “Your Non-Preferred Drug” column, please disregard this notice.

** Contact Avia Partners for information on how to request an exception.

MPD program Preferred Drugs must meet U.S. Food and Drug Administration (FDA) standards for effectively treating the same medical conditions as their Non-Preferred Drug counterparts. Using Preferred Drugs can help you and your Health and Welfare Plan save money. You are not required to
change to a Preferred Drug. Changing which drugs you use is a decision between you and your medical provider. Please share this letter with your medical provider and discuss switching to the Preferred drug options – it will save you money.

If you have any questions about this letter or the Market Priced Drug program, we encourage you to call Avia Partners at (800) 273-9166.

Sincerely,

Avia Partners
## Market Price Drug Categories

<table>
<thead>
<tr>
<th>ADHD/ Weight Loss</th>
<th>COPD or digestive tract spasms/ Heartburn/ GERD</th>
<th>High Cholesterol</th>
<th>Mood Disorders</th>
<th>Diabetes</th>
<th>Muscle Spasms/ Muscle Pain/ Arthritis</th>
<th>Various Conditions</th>
<th>Benign Prostatic Hyperplasia</th>
<th>High Blood Pressure/ Swelling</th>
<th>Parkinsons Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Amphetamines</td>
<td>• Antimuscarinics/ Antispasmodics</td>
<td>• Antiinflammatory Agents, Misc.</td>
<td>• Anxiolytics, Sedatives, &amp; Hypnotics Misc.</td>
<td>• Alpha-Glucosidase Inhibitors</td>
<td>• Centrally Acting Skeletal Muscle Relaxants</td>
<td>• 5-alpha Reductase Inhibitors</td>
<td>• Selective Serotonin Agonists</td>
<td>• alpha-Adrenergic Blocking Agents</td>
<td>• Dopamine Precursors</td>
</tr>
<tr>
<td></td>
<td>• Histamine H2-Antagonists</td>
<td>• Fibric Acid Derivatives</td>
<td>Misc.</td>
<td>• Biguanides</td>
<td>• Opiate Agonists</td>
<td>• 5-HT3 Receptor Antagonists</td>
<td>• Antiviral Agents</td>
<td>• angiotensin II Receptor Antagonists</td>
<td>• Monoamine Oxidase B Inhibitors</td>
</tr>
<tr>
<td></td>
<td>• Prokinetic Agents</td>
<td>• HMG-CoA Reductase Inhibitors</td>
<td>Misc.</td>
<td>• DPP-4 Inhibitors</td>
<td>• Antagonists</td>
<td>• Anticoagulants, Misc.</td>
<td>• Angiotensin II Receptor Antagonists</td>
<td>• beta-Adrenergic Blocking Agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Proton-pump Inhibitors</td>
<td>• Selective Serotonin-reuptake Inhibitors</td>
<td>Misc.</td>
<td>• Insulins</td>
<td>• Bone Resorption Inhibitors</td>
<td>• beta-Adrenergic Blocking Agents</td>
<td>• Calcium-Channel Blocking Agents, Misc.</td>
<td>• Calcium-Channel Blocking Agents, Misc.</td>
<td>• Trace Serotonin Agonists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Selective Serotonin-reuptake Inhibitors</td>
<td>Misc.</td>
<td>• Incretin Mimetics</td>
<td>• Nucleosides &amp; Nucleotides</td>
<td>• Calcium-Channel Blocking Agents, Misc.</td>
<td>• Calcium-Channel Blocking Agents, Misc.</td>
<td>• Thiazide Diuretics</td>
<td>• Thyroid Agents</td>
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<tr>
<td></td>
<td></td>
<td>• Selective Serotonin-reuptake Inhibitors</td>
<td></td>
<td>• Sulfonylureas</td>
<td>• Skin &amp; Mucous Membrane Agents, Misc.</td>
<td>• Potassium-sparing Diuretics</td>
<td>• Thiazide Diuretics</td>
<td>• Thiazide-like Diuretics</td>
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<tr>
<td></td>
<td></td>
<td>• Selective Serotonin-reuptake Inhibitors</td>
<td></td>
<td>• Thiazolidinediones</td>
<td>• Selective Serotonin Agonists</td>
<td>• Thiazide Diuretics</td>
<td>• Thiazide-like Diuretics</td>
<td></td>
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</tbody>
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### Project
Alaska UFCW MPD Program Implementation

### Effective Date
November 1, 2016

### Process Approved
Yes

### New Process Workflow
One Time Copayment Override (OTCO)

### Issue
Concern that members will not understand the MPD program or be fully educated about their options to resolve questions/issues arising when they attempt to refill a target drug (also known as a non-preferred drug) the first time.

The One Time Copayment Override process attempts to address the following situations:

- The member is unable to pay the copayment for the non-preferred drug
- The member’s provider is not available to discuss switching the non-preferred drug to a lower cost alternative (ie: after hours, lunch time, weekends, holidays, etc.)
- The member has a pending Exception Request.
- A caregiver or family member is picking up the Rx

### Proposed Solution: Parameters
To improve the roll out of the MPD program and facilitate a smooth transition, members will be allowed to receive a one-time copayment override (OTCO) the first time the member attempts to refill a target drug (also known as a non-preferred drug).

Parameters

- The override will be available for the first 90 days following program launch; November 1, 2016 – January 30, 2017.
- Members taking multiple target drugs at the time of program launch are eligible for an OTCO on each target script.
- The availability of the OTCO is not disclosed to members in the communications; the intent is to provide a fail-safe for members as outlined above.
- Pharmacy training materials will direct the pharmacist to educate members on program options and direct them to AVIA for more information when the OTCO is utilized.
**Proposed Solution: Process**

1. When the Pharmacist processes the members refill for a drug targeted under the MPD program, the system will prompt the Pharmacist to notify the member of their new copayment, and discuss the MPD program, including offering to assist the member switch to a lower cost alternative.
2. If the pharmacist is not able to contact the provider and/or the prescription cannot be changed to a lower cost alternative while the member is still at the pharmacy, the Pharmacist will call AVIA Partners’ Customer Service at 800-273-9166 for a one-time exception.
3. AVIA Partners’ Customer Service will provide the Pharmacist a PA # (if one has not been submitted for the member) to enter into the pharmacy’s claim system and the non-preferred drug will adjudicate at the member’s previous non-MPD program copayment.

<table>
<thead>
<tr>
<th>Pharmacy Training</th>
<th>All Pharmacies will receive training on the MPD program and will be prepared to assist members by demonstrating the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A working knowledge of the MPD program and the “One Time Copayment Override” process</td>
</tr>
<tr>
<td></td>
<td>• Effectively interacting with providers and AVIA Partners to resolve member issues</td>
</tr>
<tr>
<td></td>
<td>• Adherence to the One Time Copayment Override protocols</td>
</tr>
<tr>
<td></td>
<td>• Knowing the prescribed steps and responsibilities required to facilitate a switch to a lower cost alternative</td>
</tr>
</tbody>
</table>

| Avia Partners Customer Service Training | Avia Partners Customer Service will be trained to assist pharmacists/pharmacy staff, providers, and members with all aspects of the MPD Program, including the One Time Copayment Override. |
Market Priced Drug Program Frequently Asked Questions

Q: Why does the UFCW Alaska have a Market Priced Drug (MPD) program?
A: UFCW Alaska is committed to helping you and your family be healthier, and that includes providing access to competitively priced and high-quality health care. Prescription drugs are often an expensive part of your health care, but there are often many different ones available to treat the same medical conditions. UFCW Alaska’s MPD program helps you and your family understand more about those drug options. It may also help you and your family save money and keep the cost of your benefit coverage more manageable for the Plan.

Q: How does the MPD program work?
A: The MPD program includes certain types of drugs where many different equivalent options are available to treat the same health conditions. Lower cost options are designated as “Preferred” Drugs. Higher-priced ones are “Non-Preferred” Drugs.

Paying for a Preferred Drug:
- You pay the applicable brand or generic copayment for the Preferred Drug.
- Your Plan pays the remaining amount of the contracted Preferred Drug price.

Paying for a Non-Preferred Drug:
- You pay the applicable brand or generic copayment.
- Your Plan pays the remaining amount of the contracted price for a Preferred Drug that treats the same health condition as the Non-Preferred Drug.
- You are ALSO responsible for paying the price difference between the Non-Preferred Drug and the Preferred Drug.

In some cases, you may pay hundreds of dollars for a Non-Preferred Drug.

Q: What’s a Preferred Drug?
A: All drugs – Preferred and Non-Preferred – must meet Food and Drug Administration (FDA) standards for safety and effectiveness before they can be sold to consumers. Although they treat the same condition, Preferred and Non-Preferred Drugs may have different active ingredients and vary in price.

As an example, simvastatin costs less than Crestor®, but both drugs are FDA approved to safely and effectively treat high cholesterol. Therefore, simvastatin is designated as a Preferred Drug and the regular copayment applies. Crestor® is a Non-Preferred Drug, so, if you chose Crestor, you and your covered dependents pay the regular copayment plus the difference between the market prices of Crestor® and simvastatin.

Q: How are Preferred Drugs designated?
A: Your Plan’s Pharmacy Benefit Manager (Avia Partners) works with medical experts who review real-world medication usage to select Preferred Drugs for the MPD program. The experts use scientific evidence, such as published national guidelines and clinical studies, Tarascon Pharmacopoeia, Physician’s Desk Reference, and American Hospital Formulary System Drug Information, to determine which drugs should be Preferred Drugs.
Q: How is a Preferred Drug different from a generic equivalent?
A: A generic equivalent contains the same active ingredient as a brand drug. So, a generic equivalent is the generic version of a brand drug. A Preferred Drug may not have the same active ingredient as the Non-Preferred Drug, but both treat the same health condition. Preferred Drugs can be either brands or generics.

Q: The drug I take is more expensive, so that means it works better, right?
A: Not necessarily. A drug is often more expensive because it can only be made by the company that has a patent for the active ingredient. During the 17 to 20 years that a patent typically lasts, the patent holder can set a high price for its drug. Other companies can only start making a generic version after the brand-name drug’s patent expires. This usually lowers the price of the drug even though the brand and its generic equivalent both work the same way in a person’s body. However, many competing drug companies offer alternatives for patent-protected drugs. If these alternatives are no longer protected by a patent, they may cost much less. Drug companies may also offer alternatives at lower prices for other reasons, such as more efficient manufacturing or to increase sales.

Q: When will my costs change?
A: The new MPD program will start on November 1, 2016. If you use a Non-Preferred Drug as of Month Day, you will pay more for it when you fill the prescription. You may avoid the cost increase by taking action and talking with your provider (your doctor or other medical personnel) about Preferred Drugs as alternatives to Non-Preferred Drugs.

Starting November 1, 2016 you can go to the “My Medicine Cabinet” website at http://ufcwak.destinationrx.com/drugcompare, to find out how much your current prescription drugs cost and research Preferred Drugs.

Q: How much will I have to pay for my prescription?
A: It depends on what you choose to do. You have three options:

- **If you choose a Non-Preferred Drug:**
  - You pay the regular copayment. You ALSO pay the difference between the full market prices of the Non-Preferred Drug and the Preferred Drug. Your out-of-pocket costs can change as market prices for these drugs change.

- **If you choose a Preferred Drug:**
  - You pay the regular copayment (or less, if the price of the drug is less than the copayment amount) under your prescription drug coverage.

- **If your provider determines the Preferred Drug isn’t right for you:**
  - Your provider can file a MPD Exception Request Form. If the exception is approved, you’ll pay the regular copay for a brand or generic medication.

Q: What if the Preferred Drug doesn’t work for me?
A: Your provider can file a MPD Exception Request Form to have you continue using a Non-Preferred Drug. Typically, exceptions are requested for reasons like the following:

- You’ve tried the Preferred Drug and it doesn’t work as well as the Non-Preferred Drug.
- The Preferred Drug won’t work with other medications you take.
- Your provider feels your condition would be better treated with a Non-Preferred Drug.
Your pharmacist can contact Avia Partners for the MPD Exception Request Form and initiate the process with your provider. If the request is approved, your pharmacist will notify you, and you pay the applicable generic or brand copayment for the drug.

Q: What should I do if I think a Preferred Drug might work for me?
A: On or after November 1, 2016, go to http://ufcwak.destinationrx.com/drugcompare to research your options. That way you can make informed decisions and have more information to give your provider. Then talk to your provider about whether a Preferred Drug may be an effective, cost-saving solution for you.

Q: Where can I find out more?
A: Avia Partners, your Plan’s pharmacy benefit manager, is your first resource. You can call them with MPD program questions at 1-800-273-9166 Monday – Friday, 8am - 7pm (MST) and Saturday, 8am - 4pm (MST).

Your Plan’s participating pharmacies will also be trained to assist you with any questions you have about the new MPD program.

If you have questions about your drug therapy, talk to your provider.