



**STATE OF HAWAII  
INSURANCE DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

**ANNUAL REPORTING REQUIREMENTS FOR PRESCRIPTION DRUG BENEFIT PLAN  
INFORMATION PURSUANT TO HAWAII REVISED STATUTE SECTION 431R-4**

Pursuant to Hawaii Revised Statute (HRS) Section 431R-4, each prescription drug benefit plan, health benefits plan under chapter 87A, and pharmacy benefit manager shall annually provide prescription benefit plan information to the Insurance Commissioner, who will review and examine records supporting the accuracy and completeness of the information. No later than 90 days after the receipt of the information, the Insurance Commissioner will make available a summary of the amount, terms, and conditions relating to copayments, reimbursement options, and other payments associated with a prescription plan available to a purchaser of a prescription drug benefit plan, and any retail community pharmacy participating in a retail pharmacy network under Section 431R-2.

**It is imperative that plans and managers submit accurate reports by the indicated deadline. Pursuant to HRS Section 431:2-203, failure to comply may subject your company to a civil penalty of no less than \$100 not to exceed \$10,000 per violation.**

**INSTRUCTIONS FOR COMPLETING THE REPORT**

**WHO MUST RESPOND:** Annually, **each** prescription drug benefit plan, health benefits plan under chapter 87A, and pharmacy benefit manager. An entity with nothing to report must respond as such.

**DUE DATE:** **No later than March 31 of each calendar year.** If this date falls on a weekend or holiday, the report shall be filed the following business day.

**E-MAIL RESPONSES:** Email the completed report as an Excel file along with an attestation stating that the pharmacy benefit manager or prescription drug benefit plan is in compliance with chapter 431R.

**E-MAIL COMPLETED REPORT AND ATTESTATION TO:** [ihealth@dcca.hawaii.gov](mailto:ihealth@dcca.hawaii.gov)

The subject of the e-mail must reflect: "Section 431R-4 Report to the Insurance Commissioner (insert company or group name)"

Example: Section 431R-4 Report to the Insurance Commissioner (ABC Ins Co)

**QUESTIONS:** Questions may be directed to the Insurance Division's Health Branch at (808) 586-2804 or [ihealth@dcca.hawaii.gov](mailto:ihealth@dcca.hawaii.gov).