

Part D Drug Transition Policy



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
Daily 8 am — 8 pm
www.careoregonadvantage.org

Newly Enrolled Members and Current Members Who Re-Enroll for a New Year

- **New members:** You may be taking a drug that is not on our Medicare Part D formulary (drug list) or a drug that is on our formulary but is only covered if you meet certain criteria such as prior authorization, step therapy or quantity limits.
- **Current members:** You may be taking a drug that is no longer covered or has new coverage restrictions on the next year's Medicare Part D formulary (Drug List).

CareOregon Advantage wants to be sure your transition to our health plan or a new year is as smooth as possible. During your first 90 days as a new CareOregon Advantage member or in a new plan year, we will cover a temporary supply of the non-formulary or restricted drug you are taking. This gives you and your health care provider time to switch to a drug that is on our formulary or to send us a Prior Authorization or Exception Request Form.

- If you get your drugs from a network retail or mail order pharmacy, we will cover a 62-day supply of the drug in your first 90 days, unless your prescription is written for fewer days.
- If you live in a long-term care facility and get your drugs from a network long-term care pharmacy, we will cover a 93-day supply of the drug in your first 90 days, unless your prescription is written for fewer days.

When you fill your prescription for the temporary transition supply at a network pharmacy, you will pay your normal copay for a generic, brand or specialty drug.

Note to CareOregon Advantage Star members: Your transition copay depends on if you receive a low-income subsidy; the drug's tier (generic, brand or specialty) and your Part D benefit phase.

If you have not paid your full deductible when you fill the temporary prescription, you may be charged full price. However, the temporary supply will count toward meeting your deductible. For details on prescription drug benefits, check your Summary of Benefits.

After you get your prescription, we will mail you a letter to tell you that we covered only a temporary supply of the drug. **Talk with your health care provider as soon as possible.** Ask your provider if you should switch to a different drug on the CareOregon Advantage formulary. See the last section in this document, "Requesting a Prior Authorization or Exception," for more information.

Important: After you receive the full temporary supply, we will not cover the drug again unless we receive and approve an exception request from you or your provider.

Current Members Who Live in Long-Term Facilities

If you live in a long-term care facility such as a nursing home, you may have an urgent medical need for a drug that meets one of these criteria:

- The drug is not on our Medicare Part D formulary (drug list) **OR**
- The drug is on our formulary but is covered only if you meet certain criteria such as prior authorization, step therapy or quantity limits.

We will approve an emergency, temporary 31-day supply of the Part D drug. This gives you and your health care provider time to switch to a drug that is on our formulary or to send us a Prior Authorization or Exception Request Form.

To request the temporary supply, you, your pharmacist or health care provider can call us at 1-800-224-4840 (toll free) or 503-416-4100 (in the Portland area). You will pay your normal copay for the prescription.

Important: After you receive the full temporary supply, we will not cover the drug again unless we receive and approve an exception request from you or your provider.

Current Members With Level-of-Care Changes

For **current** members who have level-of-care changes, we will cover a temporary 62-day supply of a Part D drug that is not on our formulary or is covered only if you meet certain criteria. This gives you and your health care provider time to switch to a drug that is on our formulary or to send us a Prior Authorization or Exception Request Form.

What is a Level-of-Care Change?

- You are discharged from a hospital.
- You are admitted to or discharged from a long-term care facility.
- You move from one long-term care facility to another facility.
- You gave up hospice care.

To request a temporary supply, you, your pharmacist or health care provider can call us at 1-800-224-4840 (toll free) or 503-416-4100 (in the Portland area). You will pay your normal copay.

Note to CareOregon Advantage Star members: Your transition prescription copay depends on if you receive a low-income subsidy; the drug's tier (generic, brand or specialty) and your Part D benefit phase. For details on prescription drug benefits, refer to your Summary of Benefits booklet.

Important: After you receive the full temporary supply, we will not cover the drug again unless we receive and approve an exception request from you or your provider.

Drugs Not Covered Under This Policy

CareOregon Advantage will cover transition drug supplies only if the drugs are covered under Medicare Part D. The following drugs are examples of drugs that are **not** covered by this policy:

- Non-prescription drugs (also called over-the-counter)
- Drugs if used to promote fertility
- Drugs if used for relief of cough and cold symptoms
- Drugs if used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs if used to treat sexual or erectile dysfunction
- Drugs if used to treat anorexia, weight loss or weight gain
- Barbiturates and benzodiazepines (examples: phenobarbital and diazepam)

Extensions

CareOregon Advantage considers requests for extensions on a case-by-case basis based upon your medical need.

To request more prescriptions (extensions) of your temporary drug, you, your pharmacist or provider may call us at 1-800-224-4840 (toll free) or 503-416-4100 (in the Portland area).

Requesting a Prior Authorization or Exception

If your provider believes that you should not change your current drug, you or your provider may ask CareOregon Advantage to continue to cover the medication. Call Customer Service at 503-416-4100 in the Portland area or toll free at 1-800-224-4840, every day, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-735-2900.

Or, you or your health care provider may download the form from our website at <http://www.careoregon.org/medicare/#howdoirequest>. Complete and print it and fax it to 503-416-8109 or mail the form to:

Pharmacy
CareOregon
315 SW Fifth Avenue, Suite 900
Portland, OR 97204

IMPORTANT: When you fax or mail an exception request, include a written statement from your provider that supports your request.

We will tell you our decision as soon as possible. Generally, CareOregon Advantage only approves exception requests if a formulary drug or more restrictions on how you use the drug would not effectively treat your condition. Also, we may approve your request if another drug could cause you to have undesirable medical side effects.

If CareOregon Advantage **denies** the prior authorization or exception request, you can appeal the decision. Call our Customer Service Department at 1-800-224-4840 (toll free) or 503-416-4100 (in the Portland calling area).