

## Part D Transition Policy

### Policy

CareOregon Advantage provides access to drugs that are not on our formulary (drug list). We also provide access to drugs that are on our formulary which require certain rules to be met first. This includes prior authorization (getting approval from us), step therapy and/or quantity limits. You should work with your health care provider to see if you can switch to a drug that we cover or complete a coverage determination if the drug requires prior authorization. You also can request a “formulary exception” which is when you and/or your provider ask us to cover a drug that is not on our drug list.

After you get your prescription filled, we will mail you and your provider a letter. This letter lets you know that we only covered a temporary supply of your drug. It also lists the steps you will need to take toward requesting a formulary exception.

**Important:** After you receive the full temporary supply, we will not cover the drug again unless we receive and approve a prior authorization or formulary exception request.

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

CareOregon Advantage wants to make sure your transition to our health plan or to a new year is as smooth as possible.

- ▶ New members: During your first 108 days as a new CareOregon Advantage member, we will cover a temporary supply of a non-formulary or restricted drug you are taking.
- ▶ Current members: If you will be affected by a negative formulary change, CareOregon Advantage will work with you and your prescriber prior to the new year to switch you to an alternative or complete a formulary exception. We will also cover a temporary supply of these drugs within the first 108 days of the new year.

If you get your drugs from a network retail or mail order pharmacy, we will cover a 90-day supply. If your prescription is written for less than 90 days, we will allow multiple fills to provide up to a total of 90 days of medication.

If you live in a long-term care facility, we will cover a minimum of 31 days of your drug. This depends upon whether the drug was filled as a 7-day supply, 14-day supply or 31-day supply.

### 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 is not on our formulary. You may also have need for a drug that is on our formulary but is covered only if you meet certain criteria, as listed above.

In an emergency, we will approve a temporary fill of the Part D drug a 31-day supply. If your prescription is written for less than 31 days, we will allow multiple fills to provide up to a total of 31 days of medication. This gives you and your health care provider time to switch to a drug that is on our formulary. It also gives you and your provider time to request a prior authorization or formulary exception.

To request a temporary supply, you, your pharmacist or health care provider can call us at any of the Customer Service phone numbers listed at the bottom of this page.

### **Current Members with Level-of-Care Changes**

For current members who have level-of-care changes, we will cover a one-time, temporary supply (up to 30 days) of a Part D drug that is not on our formulary or is covered, if you meet certain criteria.

#### **Level-of-Care Change examples:**

- ▶ 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
- ▶ You live in a skilled nursing facility and your Part A coverage is used up

To request a temporary supply, you, your pharmacist or health care provider can call us at any of the Customer Service phone numbers listed at the bottom of this page.

### **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 are examples of drugs that are not covered by this policy:

- ▶ Any drug that has not been approved by the Food and Drug Administration
- ▶ Drugs that have a high likelihood of being used for a condition that is not covered by Medicare Part D
- ▶ Non-prescription drugs (also called “over-the-counter” drugs)
- ▶ Drugs that should be covered under Part A or Part B
- ▶ Drugs used to promote fertility
- ▶ Drugs used for relief of cough and cold symptoms
- ▶ Drugs used for cosmetic purposes or to promote hair growth
- ▶ Drugs used for the treatment of anorexia, weight loss or weight gain. This includes drugs like Ozempic, Victoza, Mounjaro, and Trulicity that are prescribed for weight loss
- ▶ Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- ▶ Drugs used to treat sexual or erectile dysfunction
- ▶ Drugs with edits to ensure safe use (e.g. quantity limit for safety or dose limit on opioid prescriptions)

## Cost Sharing

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

## Extensions

An “extension” is when you or your health care provider request a continuation of the temporary supply we approved. CareOregon Advantage considers extension requests on a case-by-case basis, based upon your medical need.

To request more prescriptions (extensions) of your temporary drug, you, your pharmacist or health care provider can call us at any of the Customer Service phone numbers listed at the bottom of this page.

## Requesting a Prior Authorization or Exception

If your provider believes that you should not change your current drug, you or your provider may ask us to continue to cover the medication. Call Customer Service at any of the phone numbers listed at the bottom of this page.

Or, you or your health care provider may download and complete either of these two forms from our website.

- ▶ Prior Authorization and Formulary Exception Request Form (our form)
- ▶ Request for Medicare Prescription Drug Coverage Determination Form (Medicare’s form)

Whichever form you choose, complete it and fax it to 503-416-8109, or mail the form to:

CareOregon  
Attn: Pharmacy Department  
315 SW Fifth Avenue  
Portland, OR 97204

When you fax or mail a formulary exception request, try to 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 formulary exception requests if a formulary drug or suggested alternative would not effectively treat your condition. Also, we may approve your request if another replacement drug could cause you to have undesirable medical side effects.

If CareOregon Advantage denies your prior authorization or formulary exception request, you can appeal our decision. Call any of the Customer Service phone numbers listed at the bottom of this page for more information. You also can find information about appeals in Chapter 9 of your *Evidence of Coverage* booklet or on our website at [careoregonadvantage.org](https://www.careoregonadvantage.org).

### Customer Service

Portland Area: 503-416-4279

Toll-Free: 888-712-3258

TTY: 711