



**Plan Year:** 2018

**Plan Name:** ATRIO Health Plans

**Document:** 2018 Part D Transition Policy

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**You may be able to get a temporary supply of a non-covered drug or a drug that requires prior authorization or step therapy**

The purpose of this policy is to ensure that continued access to drugs is provided to new and current Part D members. The transition process allows for a temporary supply of drugs and sufficient time for members to work with their health care providers to select a therapeutically appropriate formulary alternative, or to request a formulary exception based on medical necessity.

Under certain circumstances, ATRIO Health Plans will offer a temporary supply of a drug to you when your drug is not on the Formulary “Drug List” or when it is restricted in some way. Doing this gives you time to talk with your doctor about the change in coverage and figure out what to do.

This policy of providing a temporary supply of a drug is called the “Transition Policy” and applies to non-formulary drugs, meaning (1) Part D drugs that are not on a plan’s formulary, (2) drugs previously approved for coverage under an exception once the exception expires, and (3) Part D drugs that are on our formulary but require prior authorization or step therapy, or that have an approved QL lower than your current dose under our utilization management rules. Drugs that are excluded from Part D coverage due to Medicare statute are not eligible to be filled through the transition process. Once a temporary supply has been received, we will medically review non-formulary drug requests, and when appropriate, recommend to your physician a therapeutically appropriate alternative.

When evaluating an exception request for a non-formulary drug, the Medical Review team considers the clinical aspects of the drug, including medical necessity, effectiveness, drug to drug interactions and cost. They also review whether a therapeutically appropriate formulary alternative is available and is appropriate for that enrollee. If it is determined that a formulary alternative is not appropriate for any reason, the Medical Review team will approve the exception request for the non-formulary drug.

Exception requests can be made by providers or enrollees and can be made in person or via telephone, fax, e-mail, the plan website or the secure provider website. All Exception requests are reviewed and decided within the Medicare mandated timelines; 72 hours for standard requests and 24 hours for expedited “fast” requests. The provider and enrollee receive written notification of the decision and in the case of expedited “fast” reviews, telephonic notification is also made.

**To be eligible for a temporary supply, you must meet one of the requirements below:**

- New enrollee into the plan beginning January 1<sup>st</sup>, either due to a change from another plan or newly eligible to Medicare.
- New enrollee into the plan beginning any month of the plan year, either due to a change from another plan or newly eligible to Medicare.
- New enrollee into the plan beginning January 1<sup>st</sup> who resides in a Long Term Care (LTC) facility.
- Current enrollee of the plan whose drug is no longer on the Drug List or is restricted in some way as of January 1<sup>st</sup> of the new plan year.

- Current enrollee whose request for an exception has not been granted in a timely manner during the transition period.
- Current enrollees who experience a level of care change (move from hospital to home, move from home to LTC, etc.).
- Current enrollee who resides in a Long Term Care (LTC) facility requiring an emergency supply of a non-covered drug or a drug that is restricted in some way.

**For those members who are new to the plan and aren't in a long-term care facility:**

We will cover a temporary supply of your drug **one time only during the first 90 days of your membership in the plan**. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. If prescription is written for less than a 30 day supply, multiple fills will be allowed for a total up to a 30 day supply. If your membership begins January 1<sup>st</sup>, the 90 day transition period begins that date. If you enroll in ATRIO later in the year, the 90 days are calculated from your ATRIO plan start date and may extend across plan years.

**For those members who were in the plan last year and aren't in a long-term care facility:**

If the drug you have been taking is:

- **no longer on the plan's Drug List or**
- **the drug you have been taking is now restricted in some way**

We will cover a temporary supply of your drug **during the first 90 days of the year**. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. If prescription is written for less than a 30 day supply, multiple fills will be allowed for a total up to 30 days supply. The prescription must be filled at a network pharmacy.

If your ATRIO enrollment effective date is either November 1<sup>st</sup> or December 1<sup>st</sup>, ATRIO Health Plans will extend its transition policy across contract years. You will still be able to get a temporary supply of your drug for the full 90 day Transition period. This means that you can get your temporary supply anytime within the first 90 days of your membership, even if it is the next year and you need access to a transition supply.

**For those who are new members, and are residents in a long-term care facility:**

We will cover a temporary supply of your drug **during the first 90 days of your membership** in the plan. ATRIO will provide for a 91 to 98 day fill in 31 day increments (unless the prescription is written for less) with refills during your first 90 days in the plan.

**For those who have been a member of the plan for more than 90 days, and are a resident of a long-term care facility and need a supply right away or an "emergency supply":**

We will cover one 31 day supply, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.

**For those members who are being admitted to or discharged from a long-term care facility**

We will allow "early refills" of previously covered drugs to ensure that you have immediate access to a refill as needed upon admission to or discharge from a long-term care facility.

**How Transition Fills Work**

Members will be given immediate access to a temporary fill. ATRIO has programmed our claims processing system to allow temporary fills to be approved at the time of service. Pharmacies can also contact our pharmacy help desk directly for immediate assistance with point-of-sale overrides. In some instances the pharmacy will have the ability to override certain rejections to allow for a transition fill. Any rejections resulting from an edit which is in place for safety reasons, if the drug is covered under either

Medicare Part B or D will not be overridden. Pharmacies cannot override rejections for non-Part D drugs.

Your cost sharing for the temporary fill will not exceed the maximum co-payment amounts for low-income subsidy (LIS) eligible enrollees. For non-LIS eligible enrollees, your cost sharing will be based on the cost sharing tier that is consistent with what you would pay for the drug if you met the utilization management criteria or what we would charge for non-formulary drugs approved under a coverage exception.

You may receive a temporary supply of medication that is for less than the written amount due to safety quantity limits or product labeling. If you receive a temporary supply of a drug and it is for less than the written amount, ATRIO will allow refills of that drug up to a total of a 30 day supply.

ATRIO's "Transition Policy" will be applied to brand-new prescriptions of non-formulary drugs or to ongoing prescriptions of non-formulary drugs if we cannot make a distinction between the two at the time of service.

Once you receive a temporary supply of your drug, ATRIO Health Plans will send you a letter advising you that you have received a transition fill. ATRIO has used the Medicare model Transition notice as a basis for this letter. This means that the letter contains identical language to the Medicare model letter. ATRIO will send this letter via U.S. first class mail within 3 (three) business days of you receiving the temporary supply. This letter will explain:

1. The transition supply is temporary
2. How to work with ATRIO and your doctor to identify appropriate therapeutic alternatives
3. Inform you of your right to request a formulary exception
4. How to request a formulary exception

If you are in a long-term facility and receive a 14-day supply, ATRIO will send you a notice for the first temporary fill received. ATRIO will also send a notice to the doctor who prescribed the drug. During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. Perhaps there is a different drug covered by the plan that might work just as well for you. Or you and your doctor can ask the plan to make an exception for you and cover the drug in the way you would like it to be covered.

ATRIO has prior authorization or exception forms available for members or doctors to use to request an exception. These forms are available by calling, faxing, mailing or emailing ATRIO Customer Service. The forms are also available on our website at <http://www.atriohp.com>. You can also request a prior authorization or an exception by calling ATRIO Customer Service and requesting that we do so.

Medicare Prescription Drug Plan Finder is a tool on Medicare.gov to help you find the right Part D plan for you. This tool contains a link to <http://www.atriohp.com> and a copy of this Transition Policy. You will also be provided this Transition Policy in ATRIO enrollment materials, such as in your pre-enrollment informational packet and in your enrollment confirmation packet.

If you have any questions regarding temporary fills or this Transition Policy, call ATRIO Customer Service.

#### **ATRIO Health Plans Customer Service:**

- Office Hours: Monday through Friday 8 a.m.-5 p.m. Pacific
- Customer Service Hours: Daily, 8 a.m. - 8 p.m. Pacific: Toll Free: (877) 672-8620
- 24 Hour Prescription Drug Assistance: (800) 681-9571
  - TTY/TDD: (800)735-2900
  - Facsimile: (541)672-8670
- Mail: 2270 NW Aviation Drive, Suite 3 Roseburg, OR 97470