



Upper Peninsula Health Plan Prescription Drug Transition Policy

As a member in our plan, you will be provided a one-time temporary fill if you are a new enrollee at the beginning of a contract year or following the annual coordinated election period, a newly eligible Medicare beneficiary switching from other coverage, an enrollee transitioning from other coverage, if you reside in long-term care (LTC) facilities, or are a current enrollee affected by a formulary change from the prior contract year. Transition guidance applies to non-formulary drugs (drugs not on the formulary) or those on the formulary but which require prior authorization or step therapy. Our plan will also allow for level-of-care changes that occur in the LTC setting.

Definitions

Transition Fill: A one-time/temporary fill of a medication that may not be on the plan sponsor formulary (drug list) or a one time/temporary fill of a medication when it is restricted in some way. This fill is to allow the member and their doctor time to review the medication and the plan formulary and take the action necessary for future fills (i.e. move to a formulary drug or obtain coverage determination to stay on the medication).

Transition Period: The first 90 calendar days the enrollee is in the Medicare Part D plan.

This Upper Peninsula Health Plan (UPHP) policy is to ensure:

- Transition fills are available for a new member in the Medicare Part D Plan and for those enrollees who are currently taking a non-formulary drug or a drug that may be restricted in some manner by the plan sponsor.
- Transition supplies are available to existing enrollees in the Medicare Part D plan who were previously on a medication that for the new plan year will be restricted or no longer on the formulary/drug list.
- Transition supplies are available for enrollees who have had a level-of-care change. Level of care is a change such as an admission or discharge to a LTC facility, skilled nursing facility or hospital.
- Transition supplies are only applicable for covered Part D medications.
- Transition supplies maximum supply for LTC members is a one-month supply (31 days).
- All edits to help determine Part B vs. Part D coverage, edits to prevent coverage of excluded (non-Part D) drugs, and edits to promote safety edits will remain in place.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. Please contact UPHP's Member Services at Magellan Rx at 1-844-827-0182. TTY users dial 711, 24 hours, seven days a week, if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception. Prior authorization or exception request forms are available for members or their representatives, or prescribing physicians upon request via mail, fax and at www.uphp.com/medicare.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill of the drug during the first 90 days of new membership in our Plan. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill of the drug during the first 90 days of the new plan year. When a member goes to a network pharmacy and we provide a temporary supply of a drug that is not on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D" drug), we will cover a one-month (30-day) fill, unless the prescription is written for fewer days. After we cover the temporary one-month (30-day) fill, we generally will not pay for these drugs as part of our transition policy again.

If a new member is a resident of a LTC facility, we will cover a temporary one-month supply (31-day) transition supply, unless the prescription is written for fewer days. If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions (such as step therapy or dosage limits) we will cover a temporary one-month (31-day) emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy cannot be used for a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

Should you have any questions about the UPHP's Prescription Drug Transition Policy, please contact UPHP's Member Services at Magellan Rx at 1-844-827-0182. TTY users dial 711. You can call 24 hours, seven days a week.