

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To define the transition process for members joining a Health Alliance Medicare Advantage Part D Benefit Plan that are currently utilizing medications covered by Part D, but which may not be coded on the Part D formulary or which may have restrictions such as Prior Authorizations or Step Edits.

STATEMENT OF THE POLICY

Health Alliance will follow this policy for members joining the Medicare Advantage Part D Benefit that are currently on medications which may not be coded on the Medicare D Formulary or have restrictions. This transition process will allow members to continue their current maintenance medication therapy without interruption.

PROCEDURES

1. Transition Process for medications not currently coded on the Medicare Part D Formulary for 2008 for Retail and Long Term Care Prescriptions

- 1.1 Health Alliance will have an Open Formulary for our Medicare Advantage Part D Members. This means that drugs, which are not otherwise coded, currently listed on the most recent printed formulary document, or posted on the Health Alliance Medicare website will adjudicate at Tier 3, whether generic or brand, in accordance with any Prior Authorization or Step Edits that are in place. This does not include drugs deemed excluded by the Centers for Medicare & Medicaid Services or by Health Alliance.
- 1.2 In the event that a Medicare Advantage Part D member gets a rejection denial for “drug not on formulary” when at point of sale at the pharmacy, the following process needs to be followed, so the Health Alliance Pharmacy Department, can make a systems update and get the drug coded appropriately through the Pharmacy Benefit Manager (PBM), Medimpact.
 - At point of sale, if a rejection code appears for “drug not on formulary,” the pharmacist should call into Health Alliance Pharmacy Department and request an override so the member’s prescription will adjudicate.
 - A pharmacy coordinator will put in an override, which will allow the prescription to adjudicate at Tier 3 for whatever supply is written.
 - Timeframe for the override should be within 24 hours.
- 1.3 Long Term Care pharmacies who come across the same rejection code should follow the same process

2. Transition Process for new members and Long Term Care residents on maintenance medications which have restrictions such as Step Edits

- 2.1 If a member is transitioning to Health Alliance and has been maintained on a medication, which has restrictions such as Step Edits, they will be allowed to continue on their medication without fulfilling the Step Edit.

- 2.2 If the prescription is for a brand new medication that the member has not been maintained on, then the member will be required to fulfill the requirements before being able to obtain the new medication.
- 2.3 Health Alliance's P&T Committee will not be involved in overseeing the transition process other than approving policies, because the process allows transitioning beneficiaries to continue their medications without limits.

3. Transition Process for medications which are listed as “Specialty Medications” or need Prior Authorization on the Medicare Part D Formulary for Retail and Long Term Care Prescriptions

- 3.1 Members which require a medication listed as a Specialty Medication or need a Prior Authorization on the Medicare Part D Formulary will be able to have their Specialty medication continue for one month, at which time patient and patient's physician are required to send in the requested prior authorization material to Health Alliance to meet Health Alliance's coverage criteria for continuation of therapy, which is supplied by Health Alliance's Specialty Pharmacy provider, when appropriate.
- 3.2 Current Specialty Medications listed on the Medicare Part D Formulary are at a Tier 4 level
- 3.3 Timeframe for transition process should be within 24 to 72 hours.