Prescription Drug Transition Policy 2021

Doctors HealthCare Plans, Inc. wants to ensure that as a new or continuing member in our Plan, you safely transition into the 2021 plan year.

The purpose of providing a transition is to promote continuity of care and avoid interruptions in drug therapy while a switch to a therapeutically equivalent drug or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons can be effectuated.

General Transition Requirements

Doctors HealthCare Plans provides a Transition Fill to certain Members who present at a network pharmacy with a prescription for a drug that is not on the Doctors HealthCare Plans drug list (i.e. is "non-formulary") or is on Doctors HealthCare Plans drug list (i.e. "formulary") but has utilization management requirements, such as prior authorization (PA), quantity limits (QL), or step therapy (ST).

You may be eligible for a Transition Fill if you are:

- A New Member enrolled into a Doctors HealthCare Plans Part D plan following Open Enrollment Period, Initial Enrollment, or Annual Election Period;
- A Newly eligible Medicare beneficiary enrolled into a Doctors HealthCare Plans Part D plan;
- A New Member who switched from one plan to another after the beginning of the contract year;
- A Member with an effective enrollment date of either November 1 or December 1 (You are provided a 90-day transition period extending across the following contract year);
- A Current Member affected by Negative Formulary Changes across contract years;
- A Member residing in a long-term care (LTC) facility.

Transition Fills allow you to leave the pharmacy with your current therapy and have sufficient time to work with your medical provider to switch to a therapeutically appropriate formulary alternative or to request a Coverage Determination or Formulary Exception.

One-Time Transition Supply at a Retail or Mail-Order Pharmacy beginning Jan. 1, 2021, when you have limited ability to receive your current prescription therapy:

• **Doctors HealthCare Plans will cover a one-time, 30 day supply of a Part D covered drug** unless the prescription is written for less than 30 days (in which case, Doctors HealthCare Plans will allow multiple fills to provide up to a total of 30 days of medications) **during the first 90 days of your eligibility for the current plan year, or during the first 90 days of your enrollment**. If the smallest available marketed package exceeds a 30-day supply, Doctors HealthCare Plans provides a Transition Fill for the smallest available package size. Doctors HealthCare Plans will provide refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.

• If you leave a Doctors HealthCare Plans plan and re-enroll during the original 90-day Transition Period, the Transition Period begins again with the new effective date of enrollment.

• After you have obtained your 30 day supply ("Transition Fill"), you'll receive a letter that explains the temporary nature of the transition medication supply. After you receive the letter, talk to your doctor and decide if you should switch to an alternative drug or request an exception or prior authorization. Doctors HealthCare Plans may not pay for refills of temporary supply drugs until an exception or prior authorization has been requested and approved.

Doctors HealthCare Plans provides a Transition Fill **except** where the following edits apply to the claim:

1. Determination of Part A or Part B vs. Part D coverage;
2. Prevent coverage of a non-Part D drug (*e.g.,* excluded drugs such as a drug that may be used for sexual dysfunction, or formulary drugs dispensed for an indication that is not medically accepted);
3. Promote safe utilization of a Part D drug (*e.g.*, a maximum daily dose as recognized by FDA supported literature has been exceeded, refill too soon);
4. Member-level opioid restrictions;
5. Hospice; and
6. End-Stage Renal Disease (ESRD)

Transition Supply for Residents of Long-Term Care (LTC) Facilities

Doctors HealthCare Plans assists members in LTC facilities who transition between plans, have both Medicare and full Medicaid benefits, or submit an exception or an appeal request. For LTC residents, Doctors HealthCare Plans provides a one month temporary 31-day Transition Fill to accommodate the immediate needs of the Member (unless the member presents a prescription written for less). This coverage is offered anytime during the first 90 days of your eligibility for the current plan year or during the first 90 days of your enrollment, when your current prescription therapy is filled at a LTC pharmacy. If your ability to receive your drug therapy is limited – but you're past the first 90 days of membership in your plan – Doctors HealthCare Plans will cover a 31-day emergency supply unless the prescription is written for less than 31 days. In that case, Doctors HealthCare Plans will allow multiple fills to provide up to a total of 31 days of a Part D-covered drug so you can continue therapy while an exception or prior authorization is requested and processed. If the smallest available marketed package exceeds a 31-day supply, Doctors HealthCare Plans provides a Transition Fill for the smallest available package size. If you are being admitted to or discharged from a LTC facility, you will be allowed to access a refill upon admission or discharge, and early refill edits will not apply.

After you receive your temporary supply of a Part D drug, your medication may require medical review if it:

• Is not on Doctors HealthCare Plans drug list (i.e. is "non-formulary") or
• Is on Doctors HealthCare Plans drug list (i.e. "formulary") but has utilization management requirements, such as prior authorization (PA), quantity limits (QL), or step therapy (ST).

You may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception, so that we will cover the drug you take. If you're stabilized on a drug not on the formulary or a drug requiring prior authorization, quantity limits, or have tried other drug alternatives, your doctor can provide Doctors HealthCare Plans with a statement of your clinical history to help with the prior authorization or exception request process.

If you are experiencing a Level of Care change, you may access a refill upon admission or discharge to a LTC facility. If you are in need of a one-time Transition Fill, or are prescribed a Non-Formulary drug as a result of a level of care change, you can be placed in transition via a National Council for Prescription Drug Plans (NCPDP) pharmacy submission clarification code (SCC) via manual override at the point of service (POS) or by contacting Pharmacy Call Center for an override.

A level of care change may include: changing LTC facility or in the week before or after a LTC discharge, end of skilled nursing facility stay and reverting to Part D coverage or when taken off hospice care. If you are prescribed a drug that is not on our formulary or your ability to get your drugs is limited, you may request a one-time temporary supply to allow you time to discuss alternative treatment with your doctor or to pursue a formulary exception.

Transition Extension

Doctors HealthCare Plans makes arrangements to continue to provide necessary drugs to you via an extension of the transition period, on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

Cost-sharing for Drugs Provided through the Transition Policy

If you're eligible for the low-income subsidy (LIS) in 2021, your copayment or coinsurance for a temporary supply of drugs provided during your transition period won't exceed your LIS limit. For non-LIS enrollees, the copayment or coinsurance will be based on the approved drug cost-sharing tiers for your plan and is consistent with the cost-sharing tier Doctors HealthCare Plans would charge for non-formulary drugs approved under a coverage exception and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee involvement ensures that transition decisions appropriately address situations involving beneficiaries stabilized on drugs that are not on formulary or that are on the formulary but require utilization management requirements, such as prior authorization (PA), quantity limits (QL), or step therapy (ST).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463 (TTY: 711).