

**PHARMACY SERVICES  
OPERATIONAL POLICIES AND PROCEDURES MANUAL**

**Policy Name:** Transitional Care Overrides for Medicare Members.

**Application:** Health Plan of Nevada  
Sierra Health & Life, Inc.

**Last review/revision date:** April 2007

**1.0 Purpose of Policy and Procedure**

*To provide guidance to Pharmacy Services staff on how to handle transitional care overrides for members on the Medicare Advantage plan through Health Plan of Nevada or members with the Medicare Prescription Drug Plan through Sierra Health and Life.*

**2.0 General Policy and Procedure Statement**

It is the goal of Health Plan of Nevada and Sierra Health & Life to provide clinically appropriate, effective, and safe medications to health plan members. To this end, a Preferred Drug List (PDL) has been created that reflects the respective formularies to each of the plans under Health Plan of Nevada and Sierra Health & Life. However, Health Plan of Nevada and Sierra Health & Life recognizes the importance of assuring timely access to necessary is provided to health plan members who may already be stabilized on certain drug regimens not included on the PDL and for newly enrolled full-benefit dual eligibles who may be auto-enrolled in a plan who may not be aware of the impact of the PDL or Utilization Management processes.

This policy and procedure describes how new health plan members can be potentially be transitioned to formulary medications while allowing the health plan the flexibility necessary to develop a benefit design that promotes beneficiary choice and affordable access to medically necessary drugs.

**3.0 General Transition Process**

- 3.1 If a member presents at a network pharmacy (retail or home infusion) with a prescription that is not on the formulary or requires prior authorization or step therapy, the following process will occur upon receipt of a telephone call request from a network pharmacy for an override.
  - 3.1.1 The Pharmacy Services Telephone Representative will review the date that the member became eligible for the health plan and will ask the network pharmacy if the member was newly started on the medication or whether it is a continuation of existing drug therapy.
  - 3.1.2 If the Pharmacy Services Telephone representative can definitely determine that the request is for a new drug, the member will be required to utilize a formulary agent or meet the prior authorization/step therapy requirements.
  - 3.1.3 If the Pharmacy Services Telephone representative can definitely determine that the request is for continuation of therapy, the representative will then review the member's date of eligibility.

**PHARMACY SERVICES  
OPERATIONAL POLICIES AND PROCEDURES MANUAL**

**Policy Name:** Transitional Care Overrides for Medicare Members.

**Application:** Health Plan of Nevada  
Sierra Health & Life, Inc.

**Last review/revision date:** April 2007

- 3.1.3.1 If the date of health plan eligibility is less than 90 days, an override will be entered for a 30 day supply of the medication.
- 3.1.3.2 Once an override is determined, the representative will flag the pharmacy management system to create a member letter notifying the individual that a prescription has been filled for a non-formulary medication, a medication that requires prior authorization, a medication that requires step therapy, or quantity that exceeds the quantity limits set by the plan and that the medication requires meeting the utilization management requirements.
- 3.1.3.3 The prescribing provider's contact information will be requested, including the fax number, and the appropriate prior authorization form or exception request form will be faxed to the prescribing provider.
- 3.1.3.4 The representative will document that the exception request form was sent to the prescribing provider in the SXC Call Tracking Notes system.
- 3.1.3.5 If the date of eligibility is more than 90 days ago, the member must meet formulary, step-therapy, or prior authorization requirements through the plan.
  - 3.1.3.6 The Pharmacy Services Representative will fax the Exception Request form to the requesting provider and will document this activity in the Call Tracking notes.
- 3.1.4 The Pharmacy Services Operations Manager and/or Pharmacy Services Medicare Data Analyst will:
  - 3.1.4.1 Send a notification letter to all members flagged in the Pharmacy Management System by the Pharmacy Services Telephone Representatives within 3 business days.
    - 3.1.4.1.1 The letter will advise members to contact the prescribing practitioner for an appropriate change to another medication (formulary alternative) and that these members have the right to initiate the Plan's exceptions or prior authorization process.
    - 3.1.4.1.2 If the medication was a non-formulary medication, the letter to the member will include covered formulary alternatives.

**PHARMACY SERVICES  
OPERATIONAL POLICIES AND PROCEDURES MANUAL**

**Policy Name:** Transitional Care Overrides for Medicare Members.

**Application:** Health Plan of Nevada  
Sierra Health & Life, Inc.

**Last review/revision date:** April 2007

3.1.4.1.3 If the medication requires prior authorization or step therapy, the letter will also include details about those requirements.

3.2 If a Long-Term Care pharmacy calls to request an override of coverage for a prescription that is not on the formulary or that requires prior authorization or step therapy, the following process will occur.

3.2.1 The Pharmacy Services Telephone representative will review the date that the member became eligible on the health plan.

3.2.1.1 If this date of eligibility is less than 90 days, the member's fill history will be reviewed and the Pharmacy Services Telephone Representative will:

3.2.1.1.1 Enter an override for up to a 31 day supply of the medication or less if the prescription was written for a shorter time period.

3.2.1.1.2 Notify the Long Term Care pharmacy that the medication has been given a one-time override and that all future fills will be required to meet formulary, prior authorization, or step therapy requirements.

3.2.1.1.3 Flag the pharmacy management system to create a member letter notifying the members that they have filled a prescription that is not covered under the formulary or requires meeting utilization management requirements

3.2.1.1.4 Request the prescribing provider's contact information, including fax number, and fax the appropriate prior authorization form or exception request form to the prescribing provider.

3.2.1.1.5 Document in the Call Tracking notes that the exception request form was sent to the prescribing provider.

3.2.2 If the member has received the requested medication previously, the Pharmacy Services Representative will review the Call Tracking notes.

3.2.2.1 If there is documentation that an exception request form was faxed to the prescribing provider, the representative will notify the Long Term Care pharmacy that Pharmacy Services is still awaiting further information for continued overrides.

**PHARMACY SERVICES  
OPERATIONAL POLICIES AND PROCEDURES MANUAL**

**Policy Name:** Transitional Care Overrides for Medicare Members.

**Application:** Health Plan of Nevada  
Sierra Health & Life, Inc.

**Last review/revision date:** April 2007

- 3.2.2.2 If there is no documentation that an exception request form was faxed to the prescribing physician, the representative will enter an override for up to 31 days (unless the prescription is written for a shorter time period), the Pharmacy Services representative will gather the prescribing provider's contact information and will document that the request form was faxed to the provider in the Call Tracking Notes.
  
- 3.2.2.3 If the date of eligibility is greater than 90 days, the Pharmacy Services representative should reference the Medicare Emergency Refill Policy.