

CarePlus Health Plans, Inc.'s Part D Prescription Drug Plan Transition Policy for Providers

CarePlus Health Plans, Inc. works to facilitate members' safe transition when they have limited ability to receive their current drug therapy. Members may not be able to get a drug if it's not on CarePlus Health Plans, Inc.'s drug list or if it requires prior authorization because of quantity limits, step therapy requirements, or confirmation of a member's clinical history.

Cost Sharing for Drugs Provided through the Transition Policy

If members are eligible for the Low-Income Subsidy (LIS), the copayment or coinsurance for a temporary supply of drugs provided during the transition period won't exceed their LIS limit. If members don't receive LIS, the copayment or coinsurance will be based on their plan's approved drug cost-sharing tiers.

One-Time Transition Supply at a Retail or Mail-Order Pharmacy

When a member has limited ability to receive a prescription, CarePlus Health Plans, Inc. will cover a one-time, 30-day supply, or less, if the prescription is written for fewer days of a Part D-covered drug during the first 90 days of the member's eligibility. The prescription must be filled at a retail or mail-order pharmacy in CarePlus Health Plans, Inc.'s plan network.

After receiving the 30-day supply or less if the prescription is written for fewer days, the member will receive a letter that explains the temporary nature of the transition medication supply. Upon receipt of the letter, the member should talk to his/her prescriber and decide if the prescription should be switched to an alternative drug or if an exception or prior authorization should be requested. CarePlus Health Plans, Inc. may not pay for refills of temporary supply drugs until an exception or prior authorization has been requested and approved.

Transition Supply for Residents of Long-Term-Care Facilities

CarePlus Health Plans, Inc. assists members in long-term-care facilities who transition between plans, have both Medicare and full Medicaid benefits or submit an exception or an appeal request. For long-term-care residents, CarePlus Health Plans, Inc. will cover up to a 34-day supply and two additional refills of a Part D-covered drug. This coverage is offered anytime during the first 90 days of a member's eligibility when the prescription is filled at a network long-term-care pharmacy.

If a member's ability to receive drug therapy is limited – but the member is past the first 90 days of membership in the plan – CarePlus Health Plans, Inc. will cover up to a 34-day emergency supply of a Part D-covered drug to facilitate continuation of therapy while the member requests an exception or prior authorization.

Transition Supply for Current Members

Throughout the plan year, members may have a change in their treatment setting due to the level of care they require. Such transitions include:

- Members discharged from a hospital or skilled nursing facility to a home setting
- Members admitted to a hospital or skilled nursing facility from a home setting

- Members who transfer from one skilled nursing facility to another that is serviced by a different pharmacy
- Members who end their skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and who need to now use their Part D plan benefit
- Members who give up hospice status and revert back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, CarePlus Health Plans, Inc. will cover up to a 34-day supply of a Part D-covered drug when the prescription is filled at a network pharmacy. If members change treatment settings multiple times within the same month, they may have to request an exception or prior authorization and receive approval for continued coverage of the drug.

CarePlus Health Plans, Inc. will review these requests for continuation of therapy on a case-by-case basis when members have a stabilized drug regimen, which, if altered, is known to have risks.

Transition Extension

CarePlus Health Plans, Inc. makes arrangements to continue to provide necessary drugs to members via an extension of the transition period on a case-by-case basis when an exception request or appeal has not been processed by the end of the transition period.

Pharmacy and Therapeutics Committee

Humana's Pharmacy and Therapeutics (P&T) Committee has oversight of CarePlus Health Plans, Inc.'s Part D drug list and associated policies. The P&T committee designs these policies for certain Part D drugs to confirm that (1) a drug's use is based on medically accepted clinical guidelines for indications for which the drug has been proven safe and effective, and (2) a drug is prescribed according to manufacturer recommendations.

After receiving the temporary supply of a Part D drug, the medication may require medical review if the drug is not on the drug list or requires prior authorization due to quantity limits, step therapy requirements or confirmation of clinical history. If a member is stabilized on a drug not on the drug list, a drug requiring prior authorization or step therapy, the member's physician can provide CarePlus Health Plans, Inc. with a statement of the member's clinical history to facilitate the prior authorization or exception request process.