

Navitus Clinical Transition FAQ UC Care, UC Health Savings Plan, CORE

Why did UC make this change to a different pharmacy benefits administrator?

UC regularly reviews the administrators of its health and welfare plans to ensure members receive the highest levels of service at the most competitive prices. After a thorough process, a committee representing faculty, staff and retirees determined that Navitus would offer significant advantages as the pharmacy benefit manager for the UC PPO plans.

Which health plans are affected by this change?

The following health plans are affected by this change: UC Care, UC Health Savings Plan, CORE, UC Medicare PPO and UC High Option Supplement to Medicare plans.

What is a formulary?

A formulary is a list of medications covered by your pharmacy benefit manager (PBM). In your case, the PBM is Navitus Health Solutions. It is available at www.navitus.com > Members > Member Login > Formulary.

Why are some drugs covered and some not?

The Navitus formulary covers drugs that are safe and effective. Navitus also prefers products that are lower cost as compared to other similar drugs. Formularies are used to help decrease overall medical costs, improve access to more affordable care, and provide patients an improved quality of life.

How do I find information about requesting an exception to continue taking a current medication?

There is a protocol for allowing coverage. This requires your doctor to provide clinical documentation to support the need. If your doctor initiates this process by contacting Navitus, we will work with him or her to make a determination regarding coverage.

We cover prescribed drugs and medications according to a drug formulary, organized by tiers. Certain prescription drugs included in the formulary require prior authorization to increase appropriate utilization, promote treatment or step therapy protocols, actively “risk manage” drugs with serious side effects and influence the process of managing costs. Drugs with a prior authorization requirement are designated on the formulary with a “PA” indicator. If prior authorization is not obtained when required, no benefits are available. The drug prior authorization process may be initiated by your treating physician by filling out a Drug prior authorization Request form. Upon receipt of the request form, a determination notification will be mailed to you and the prescribing physician. You can access the formulary, learn what tier a particular drug falls under, download prior authorization forms and learn more by accessing the Navitus Member Portal at <https://memberportal.navitus.com> or contacting the Navitus Customer Care Center at 855-673-6504.

In cases where you are prescribed a prescription drug that is not on the formulary, it may be necessary to obtain a non-formulary exception in order for the prescription to be a covered benefit. You may request an exception to coverage (ETC) for prescription drugs that are not typically covered on your formulary (NC), have a quantity limit (QL), or by submitting an exception to coverage form and return it to Navitus. Please contact Navitus Customer Care at 855-673-6504 for more information on how to complete and submit the form.

How does Navitus decide which prescription drugs should require Prior Authorization?

Navitus' Pharmacy and Therapeutics (P&T) Committee creates guidelines to promote effective prescription drug use for each prior authorization drug. These guidelines are based on clinical evidence, prescriber opinion and FDA-approved labeling information. Some types of clinical evidence include findings of government agencies, medical associations, national commissions, peer reviewed journals, authoritative summaries and opinions of clinical experts in various medical specialties.

What is the purpose of the Prior Authorization process?

- Increase appropriate use of certain drugs
- Promote treatment or step-therapy procedures
- Actively manage the risk of drugs with serious side effects
- Positively influence the process of managing drug costs

How does my prescriber begin the Prior Authorization process?

Non-Urgent Requests

A prescriber can submit a Prior Authorization Form to Navitus via U.S. Mail or fax, or they can contact our call center to speak to a Prior Authorization Specialist. The request processes as quickly as possible once all required information is together.

If the submitted form contains complete information, it will be compared to the criteria for use.

If the submitted form does not have all of the needed information, the request may be denied and a letter sent to the prescriber and member with specific details about why the request was denied.

Urgent Requests

A prescriber may notify Navitus by phone or fax of an urgent request submission. A decision will be made within one business day of receipt. The member and prescriber are notified as soon as the decision has been made.

Urgent requests will be approved when:

- A service delay could seriously jeopardize the member's life or health

How will I find out if my Prior Authorization request is approved or denied?

A determination notification will be mailed to you and the prescribing physician.

How can I get more information about a Prior Authorization?

You can reach us toll-free at 1-855-673-6504. We are available 24-hours a day, seven days a week, except Thanksgiving and Christmas Day.

Where can I get my prescriptions filled?

Navitus Health Solutions has formed a network of pharmacies. You should use a network pharmacy to receive the highest level of plan benefits. There is a pharmacy search tool and a complete list of network pharmacies at <https://Memberportal.navitus.com>.

Please call Navitus Health Solutions for more information about this plan.

Navitus Customer Care: Toll-free 1-855-673-6504, 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Pharmacies can call Navitus Customer Care 24 hours a day, 7 days a week.

Navitus Health Solutions Website and Member Portal:
<https://Memberportal.navitus.com>