

University of California – Transition Decision Grid

Commercialⁱ

UC Care, UC HSP, CORE Customer Care:

24 Hours a Day | 7 Days a Week | 1.855.673.6504 | 711 (TTY)

*except Thanksgiving and Christmas Day

Scenario ⁱⁱ	Action
Noncovered drugs that are clinically appropriate to transition	The member will receive a letter from Navitus in December identifying the drug(s) affected. Members who receive this letter will be directed to contact their prescriber to switch to a covered medication. The member will receive a 2-month override, allowing them until 2/28/2022 to transition to a covered drug. Potentially, a provider could submit an authorization requesting continued coverage beyond 2/28/2022 that Navitus would evaluate.
Noncovered drugs that are not clinically appropriate to transition (switching from these drugs may affect therapy progress)	An override will be entered into the Navitus system, allowing the member to continue on the drug.
Drugs that require a prior authorization or step therapy ⁱⁱⁱ	An override will be entered into the Navitus system, allowing the member to continue on the drug.
Drugs that will be a higher tier	The member will receive a letter from Navitus in December identifying the drug(s) affected. Members who receive this letter will be directed to contact their prescriber to switch to a covered medication at a lower tier or pay the copay for the higher tier. The member will receive a 2-month override at the lower tier.
Drugs that will be a lower tier	No member action required, no member notification will be sent.
Benefit exclusion drugs	For Cosmetic products: The member will receive a letter in December identifying the drug(s) affected. The member will receive a 2-month override. For Infertility products: The member will receive a letter in December identifying the drug(s) affected. No transition will be given.
Specialty drugs	Members who are not with Navitus preferred pharmacy or participating UC specialty pharmacies will be on boarded by Navitus preferred pharmacy, Lumicera. Members will receive a letter in December if a specialty pharmacy transition is necessary.
Mail order drugs	Members will need to register with Costco Mail Order. Some prescriptions may automatically transfer for existing Mail Order users. Certain prescriptions cannot be transferred such as: Controlled medications, compounded medications, prescriptions written more than 12 months ago, or prescriptions with no refills remaining. Members can contact Costco Mail Order to confirm if their prescriptions are able to be transferred by calling 1.800.607.6861.
Noncovered, prior authorization, or step therapy drug the member is new to therapy	The member's provider will need to submit an authorization requesting coverage.

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Medicare^{iv}

UC Medicare PPO and High Option Supplement to Medicare Customer Care:

24 Hours a Day | 7 Days a Week | 1.866.270.3877 | 711 (TTY)

*except Thanksgiving and Christmas Day

Scenario	Action
Noncovered drugs	The member will receive a letter from Navitus in December identifying the drug(s) affected. Members who receive this letter will be directed to contact their prescriber to switch to a covered medication. The member will receive a 30-day override, as well as an additional letter in January restating their coverage.
Drugs that require a prior authorization or step therapy	The member will receive a letter in December identifying the drug(s) affected. Members who receive this letter will be directed to contact their prescriber so that an authorization can be submitted to stay on their current drug. The member will receive a 30-day override, as well as an additional letter in January restating their coverage.
Drugs that will be a higher tier	The member will receive a letter in December identifying the drug(s) affected. Members who receive this letter will be directed to contact their prescriber to switch to a covered medication or to submit a request to stay on their current drug.
Drugs that will be a lower tier	No member action required, no member notification will be sent.
Benefit exclusion drugs	The member will receive a letter in December identifying the drug(s) affected. The member will receive a 2-month override.
Specialty drugs	Members will be contacted by the Navitus Clinical Engagement Center (CEC) who will help the transition.
Mail order drugs	Members filling 2 or more mail order prescriptions will be contacted by the Navitus Clinical Engagement Center (CEC) who will help the transition.
A drug for which the member is new to therapy	Actions will vary depending on the drug. The member may receive an override and/or the member's provider may need to submit an authorization requesting coverage.

ⁱ A Commercial member could potentially receive up to 1 clinical transition letter, 1 Specialty pharmacy letter and 1 Mail Order pharmacy letter

ⁱⁱ If a Commercial member is impacted by one of the drug transition scenarios (highlighted in gray), the member will receive 1 clinical transition letter, regardless of how many drugs or clinical transition scenarios the member may be impacted by. Letters for dependents, regardless of age, will be addressed and mailed to the dependent.

ⁱⁱⁱ Drugs requiring PA will be issued a lifetime override unless yearly clinical review is appropriate. Drugs requiring step therapy will be issued a lifetime override.

^{iv} If a Medicare member is impacted by one of the drug transition scenarios (highlighted in gray), the member will receive 1 clinical transition letter, regardless of how many drugs or clinical transition scenarios the member may be impacted by.

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