



# Navitus MedicareRx (PDP) 2020 Formulary List of Covered Drugs

## C and O Employees' Hospital Association

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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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HPMS Approved Formulary File Submission ID 00020268, Version Number 8

This formulary was updated on 10/01/2019. For more recent information or other questions, please contact Navitus MedicareRx Customer Care at 1-866-270-3877 (for TTY users, please call 711), available 24 hours a day, 7 days a week (except Thanksgiving and Christmas Day) or visit the member portal at <https://medicarerx.navitus.com>.

**Note to existing members:** This formulary has changed since last year. Please Review this document to make sure that it still contains the drugs you take.

When this formulary refers to “we,” “us”, “our,” “plan,” or “our plan,” it means Navitus MedicareRx (PDP).

This document includes a list of the drugs for our plan which is current as of 10/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

## **What is the Navitus MedicareRx (PDP) Formulary?**

A formulary is a list of covered drugs selected by Navitus MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Navitus MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Navitus MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Navitus MedicareRx (PDP) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Navitus MedicareRx (PDP) Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

We will update our online Formulary on a regularly scheduled basis to include any changes that have occurred after the last update. When changes to the Formulary occur during the year, we post the Formulary on our website incorporating those changes. In the event of CMS-approved non-maintenance changes to the Formulary throughout the Plan Year, Navitus MedicareRx will notify you. The enclosed formulary is current as of 10/01/2019. To get updated information about the drugs covered by Navitus MedicareRx (PDP), please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 153. The Index provides an alphabetical list of all of the drugs included in this

document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Navitus MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Navitus MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Navitus MedicareRx before you fill your prescriptions. If you don't get approval, Navitus MedicareRx may not cover the drug.
- **Quantity Limits:** For certain drugs, Navitus MedicareRx limits the amount of the drug that Navitus MedicareRx will cover. For example, Navitus MedicareRx provides 18 tablets per prescription for Imitrex tablets.
- **Step Therapy:** In some cases, Navitus MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Navitus MedicareRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Navitus MedicareRx will then cover Drug B.
- **Prior Authorization Restriction for New Starts Only (PA NSO):** If you are a new member, or if this drug is new to you, you (or your physician) may be required to get prior authorization from Navitus MedicareRx before you fill your prescription for this drug. Without prior approval, Navitus MedicareRx may not cover this drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA BvD):** This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Navitus MedicareRx to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Navitus MedicareRx may not cover this drug.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Navitus MedicareRx to make an exception to these restrictions or limits or for a

list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Navitus MedicareRx formulary?” on page below for information about how to request an exception.

### **What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Navitus MedicareRx pays for certain OTC drugs. Navitus MedicareRx will provide these OTC drugs at no cost to you. The cost to Navitus MedicareRx of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that Navitus MedicareRx does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Navitus MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Navitus MedicareRx.
- You can ask Navitus MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Navitus MedicareRx (PDP) Formulary?**

You can ask Navitus MedicareRx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing tier, and you would not be able to ask us to provide the drug at a lower cost-sharing tier.
- You can ask us to cover certain Formulary drugs at a lower cost-sharing tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Navitus MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Navitus MedicareRx will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization

restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, 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. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

## **Level of Care Changes**

Navitus MedicareRx's level of care transition process accounts for unplanned changes for members. In some instances, these changes may result in the prescribed drug regimen(s) not being available on our formulary. These instances usually occur when a member moves from one treatment setting to another. This could include members who:

- Enter long-term care (LTC) facilities with a discharge list of medications from the hospital with very short-term planning taken into account (e.g., less than 8 hours).
- Are discharged from a hospital to a home with very short-term planning taken into account.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to go back to their Part D plan formulary.
- Give up hospice status to revert to standard Medicare Part A and Part B benefits.
- End an LTC facility stay and return to their home.

- Are discharged from psychiatric hospitals with drug regimens that are highly tailored to them.

These changes often result in members and/or prescribers using Navitus' exceptions and/or appeals processes. For these types of changes, we will make coverage determinations and re-determinations as quickly as the member's health requires.

Navitus MedicareRx ensures proper medication continuance for members upon discharge from an LTC facility or other facilities to ensure an effective transition of care. This may include:

- A refill upon entrance to, or discharge from, an LTC facility. The current standard of care promotes caregivers receiving outpatient Part D prescriptions before discharge from a Part A stay. Members, through no fault of their own, may not have access to the balance of their prescription.
- Navitus MedicareRx allows the member to access a refill upon entrance to, or discharge from, an LTC facility.

To process these transition refills, the pharmacy may need to call Navitus MedicareRx Customer Care (phone numbers are on the back cover of this booklet). Navitus MedicareRx Customer Care can help the pharmacy process an override.

## **For more information**

For more detailed information about your Navitus MedicareRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Navitus MedicareRx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **Navitus MedicareRx's (PDP) Formulary**

The formulary that begins on page 11 provides coverage information about the drugs covered by Navitus MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 153.

The first column of the chart lists the drug name.

- Brand name drugs are capitalized (e.g., PROZAC)
- Generic drugs are listed in lower-case italics (e.g., *fluoxetine*).

The second column of the chart lists the Drug Tier. You can reference the Summary of Benefits booklet or Chapter 4 (Section 5.2) in the Evidence of Coverage booklet to learn what your copay or coinsurance will be.

- Tier 1 includes formulary preferred generics and some lower-cost brand products
- Tier 2 includes formulary brand products and some higher-cost generics



- Tier 3 includes non-preferred products (may include both brands and generics)
- Tier \$0 includes certain preventative medications (specific guidelines apply)

The third column of the chart lists information in the Requirements/Limits column which tells you if Navitus MedicareRx has any special requirements for coverage of your drug.

- The symbol **PA** in the Notes column indicates that prior authorization may apply.
- The symbol **PA BvD** in the Notes column indicates that prior authorization may apply for medications that could be eligible for payment under either Medicare Part B or Part D.
- The symbol **PA NSO** in the Notes column indicates that prior authorization may apply on certain medications for new members or members starting a new drug for the first time.
- The symbol **QL** in the Notes column indicates that quantities dispensed may be limited.
- The symbol **ST** in the Notes column indicates that step therapy may apply.
- The symbol **NDS** in the Notes column indicates that the drug is not available for an extended supply (greater than 1-month) at retail or mail order.
- The symbol **RXC** in the Notes column indicates this medication is offered at half the stated tier copay when your prescriber writes a prescription for half-tab daily. For example, if you take one 20mg tablet that's listed on the Formulary at Tier 1 per day, the prescriber might write the prescription for half of a 40mg tab per day. Then you would pay \$2.50 per month instead of \$5 per month. For more information or to acquire a tab-splitter, contact Navitus Customer Care.

The \* symbol after the Tier indicates these prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

*C and O Employees' Hospital Association is required by federal law to provide the following information.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-270-3877 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-270-3877 (TTY : 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-270-3877 (TTY: 711)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-270-3877 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-270-3877 (رقم هاتف الصم والبكم: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-270-3877 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-270-3877 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-270-3877 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-270-3877 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-270-3877 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-270-3877 (TTY: 711) تماس بگیرید.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-270-3877 (መስማት ለተሳናቸው: 711)።

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-270-3877 (TTY: 711)۔

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-270-3877 (TTY:711) まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-270-3877 (TTY: 711).

**Non-Discrimination Statement:**

C and O Employees' Hospital Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. C and O Employees' Hospital Association does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. C and O Employees' Hospital Association provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). C and O Employees' Hospital Association provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the C and O Employees' Hospital Association Customer Care Center at 1-800-679-9135. If you believe that C and O Employees' Hospital Association has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. If you need help filing a grievance, COEHA Grievance and Appeals is available to help you. You can file a grievance in person or by mail, fax, or email:

Michelle Hoke  
511 Main St, 2nd Floor  
Clifton Forge, VA 24422  
Phone: 1-800-679-9135  
Fax: 1-540-862-3552  
Email: michellehoke@coeha.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019; 1-800-537-7697 (TDD)

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This formulary was updated on 10/01/2019. For more recent information or other questions, please contact Navitus MedicareRx Customer Care at 1-866-270-3877 (TTY users should call 711), available 24 hours a day, 7 days a week (except Thanksgiving and Christmas Day) or visit the member portal at [https:// https://medicarerx.navitus.com](https://medicarerx.navitus.com).

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

This plan, Navitus MedicareRx (PDP), is offered by Navitus Health Solutions and underwritten by Dean Health Insurance, Inc., a Federally-Qualified Medicare Contracting Prescription Drug Plan.

 **NAVITUS**  
MedicareRx (PDP)

