

# NAVITUS MEDICARERX (PDP) 2024 LIST OF COVERED DRUGS, "DRUG LIST" UNIVERSITY OF CALIFORNIA

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

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This Drug List was updated on MM/DD/2023. For more recent information or other questions, please contact Navitus MedicareRx Prescription Drug Plan (PDP) Customer Care at 1-833-837-4309 (for TTY/TDD users, please call 711), available 24 hours a day, 7 days a week (except on Thanksgiving and Christmas Day) or visit our website at <https://memberportal.navitus.com> or [UHealthplans.com](https://UHealthplans.com).

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$30 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

When this Drug List refers to "we", "us", "our", "plan" or "our plan", it means Navitus MedicareRx.

This document includes a list of the drugs (Drug List) for our plan which is current as of MM/DD/2024. For an updated Drug List, please contact us. Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Drug List, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

## What is the Navitus MedicareRx Drug List?

A Drug List 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 Drug List if 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.

Secondary coverage may be provided by your supplemental (wrap) coverage for some Part B supplies, *after* Medicare Part B has paid as primary. However, these Part B supplies must be included on the Drug List.

For a complete listing of all prescription drugs covered by Navitus MedicareRx, please visit our website at <https://memberportal.navitus.com> or [UChalthplans.com](http://UChalthplans.com) or call us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

## Can the Drug List change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the 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 Drug List 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 Drug List, 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 find information in the section below titled “How do I request an exception to the Navitus MedicareRx Drug List?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our Drug List to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Drug List 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 the market to replace a brand-name drug currently on the Drug List or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, 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 Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 Drug List that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Drug List is current as of MM/DD/2023. The Drug List is updated each month and is available on the website at <https://memberportal.navitus.com> or [UHealthPlans.com](https://UHealthPlans.com). We update our online Drug List on a regularly scheduled basis to include any changes that have occurred after the last update. When changes to the Drug List occur during the year, we post the Drug List on our Member Portal including those changes. In the event of CMS-approved non-maintenance changes to the Drug List throughout the plan year, Navitus MedicareRx will notify you. To get updated information about the drugs covered by Navitus MedicareRx please contact us. You can contact Navitus MedicareRx Customer Care at 1-833-837-4309 (for TTY/TDD users, please call 711), available 24 hours a day, 7 days a week (except on Thanksgiving and Christmas Day).

## **How do I use the Drug List?**

There are two ways to find your drug within the Drug List:

### **Medical Condition**

The Drug List begins on page 9. The drugs in this Drug List 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 9. 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 <index page number>. The Index provides an alphabetical list of all 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 do not 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. This may be in addition to a standard one-month or three-month supply.
- **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 may then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Drug List that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting the member portal. We have posted online documents that explain our prior authorization restriction 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 Drug List, 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 Drug List?” for information about how to request an exception.

## Cost Sharing – Brand vs. Generic Drugs

The Drug List indicates what you will pay for your drug. A generic drug is the same as a brand-name drug in dosage, safety, and strength. If you and/or your prescriber specifies that a brand name drug must be dispensed and there is a lower tier generic equivalent available on the drug list, you must pay the applicable brand copay plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization, exceptions for medical necessity can be made and you will pay the Tier 3 (non-preferred) copay. This Dispense as Written (DAW) cost-sharing penalty will not exceed the cost of the medication.

## 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. The covered OTC drugs are listed on your Drug List. 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 help you qualify for catastrophic coverage).

Your plan also covers certain prescribed Cough and Cold, or Vitamin and Mineral medications. The Drug List indicates what tier applies to these drugs.

## What if my drug is not on the Drug List?

If your drug is not included in this Drug List (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 Drug List?

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 Drug List. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a Drug List drug at a lower cost-sharing level unless the drug is on a specialty 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 Drug List, the lower cost-sharing drug, 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 Drug List, tier, or utilization restriction exception. **When you request a Drug List, tier, 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 Drug List. Or, you may be taking a drug that is on our Drug List 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 Drug List 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 Drug List 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 Drug List 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 Drug List 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 Drug List. 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 Drug List.
- 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 Drug List, 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/TDD users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

## Navitus MedicareRx Drug List

The Drug List below 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 <index page number>.

**The first column** of the chart lists the drug name.

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

**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: Preferred generics and certain lower cost brand products
- Tier 2: Preferred brand products and some higher cost non-preferred generics
- Tier 3: Non-preferred products (could include some higher cost non-preferred generics)
- Tier 4: Specialty products

And

- Tier \$0: Select Generics (not all dosages of these drugs are covered at the Select Generics cost share); certain over-the-counter drugs.

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

- **Insulin (INS):** Insulin products on the drug list are available at a reduced copay.
- **Limited Distribution (LD):** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-833-837-4309 (TTY/TDD users should call 711), 24 hours a day, 7 days a week (except on Thanksgiving and Christmas Day) or visit the website at <https://memberportal.navitus.com> or [UChealthplans.com](http://UChealthplans.com).
- **Non-extended Day Supply (NDS):** You may be able to receive greater than a 1-month supply of most of the drugs on your Drug List. Drugs noted with “NDS” are limited to a 1-month supply for Retail, Mail Order and Specialty.

- **Prior Authorization (PA):** The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, Navitus MedicareRx may not cover the 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.
- **Prior Authorization Restriction for New Starts Only (PA\_NSO):** If this drug is new to you, you (or your physician) are 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.
- **Step Therapy (ST):** 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.
- **Step Therapy for New Starts Only (ST\_NSO):** If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **Quantity Limits (QL):** For certain drugs, Navitus MedicareRx limits the amount of the drug that Navitus MedicareRx will cover. This could include a: per fill, daily, monthly, or yearly limitation.
- **Rx Cents (RXC):** 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 per day that is listed on the Drug List as a Tier 1 drug, 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 tablet splitter, contact Customer Care.
- **Vaccines for Part D (VAC)** Part D vaccines are covered at not cost to you.

The \* symbol on the Drug List after the Tier, indicates this prescription drug is not normally covered in a Medicare Prescription Drug Plan, but is covered by your supplemental coverage. 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 this drug.





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