

Understanding Your Benefits



CONTACT US

Coventry's
dedicated Customer
Service team for
NECHIP:

1-855-247-5201

NECHIP Pharmacy Benefits Important Information

Transition Rx Program

Coventry Health Care's Transition Rx program provides new policyholders a transition service during the first 90 days of coverage. The 90-day transition period begins on your effective date. Under the program, you may obtain a onetime fill or refill of certain covered prescription drugs — up to a 31-day supply — at the applicable out-of-pocket cost, without being subject to the prior authorization, step therapy and/or quantity limit requirements that normally apply to those drugs. If you are entitled to a transition fill or refill, you can assist your pharmacist by reminding him or her that you have new insurance and believe you are entitled to a onetime transition fill.

Coventry Health Care will then send you and your provider a letter advising that the one-time fill or refill was made available under Coventry Health Care's Transition Rx program. We will include instructions on how to access alternatives for the drug in the future. You should review the alternative drugs listed in the letter you receive and talk to your provider about prescribing one of the alternatives.

The most commonly used prior authorizations, step therapy and once-daily quantity limit drugs, are eligible under the transition program. Specialty injectables and other quantity limits are excluded from the program.

To find out which drugs are subject to prior authorization, step therapy, quantity limits or other requirements, you may call NECHIP Customer Service at 855-247-5201 or visit www.chcnebraska.com.

Ancillary Charges

Under our "mandatory generic" program, if a brand medication is dispensed, whether by patient choice or

provider's order, and a generic alternative is available, you will be assessed an ancillary fee. The ancillary fee will be the difference between our contracted price for the brand-name drug and the contracted price for its generic alternative. You must pay the ancillary charge directly to the pharmacy at the time the prescription order is filled. The ancillary charge is in addition to any deductible, copayment or coinsurance.

Access to National Pharmacy Network

Designed to provide maximum geographic coverage, the pharmacy network consists of more than 62,000 stores in the United States, Puerto Rico and the Virgin Islands. The national network includes national chains and independent drug stores.

You can find participating pharmacies on our website at www.chcnebraska.com.

Quantity Limits

Some medications on the Prescription Drug List have restrictions on the quantity that Coventry Health Care will cover. Prior authorization may be required if the dosage of the medication being prescribed varies from the FDA or manufacturer's recommended dose.

Online Drug List

Our online Prescription Drug List will provide you with important information including preferred drug alternatives, quantity limits, prior authorization requirements and mail-order program details. To use the online formulary, visit our website at www.chcnebraska.com.

Mail Order

If your plan has a mail-order program, you can take advantage of the convenience of getting up to a 93-day supply of certain maintenance medications. Maintenance medications are drugs needed for long-term chronic conditions, such as high blood pressure or diabetes. **This benefit is available through mail order only. You cannot pick up a 93-day supply at the retail pharmacy locations.** Please note not all medications are available through mail order, so feel free to contact NECHIP Customer Service at 855-247-5201 for details on your specific plan.

A copy of the Mail Order Form is available on our website at www.chcnebraska.com.

Specialty Medications

Specialty medications are drugs, including, but not limited to, the oral, topical, inhaled, inserted, implanted and injected routes of administration, that are used to treat and diagnose rare or complex diseases. These medications generally require close supervision and monitoring of the patient's drug therapy. Specialty medications must be distributed by the plan-approved specialty pharmacy provider. Please call NECHIP Customer Service at 855-247-5201 for a referral to a participating specialty pharmacy or with questions regarding your specialty pharmacy benefit.

Frequently Asked Questions

What is prior authorization?

Before specific prescriptions will be covered, Coventry sometimes requires prior approval, or *prior authorization*. In many cases, prior authorization is required when there is a safe and effective alternative medication available. Drugs that have the potential for misuse or inappropriate use may also be subject to prior authorization.

What should I do if my medication needs prior authorization?

If the pharmacist tells you that your medicine requires prior authorization:

- First, ask your pharmacy to call Medco. Your pharmacy will have a 1-800 service number for Medco that they can call for assistance.
- If Medco is unable to resolve the issue, contact your prescribing provider and tell them that your medicine requires prior authorization.

- Your **provider** can either:
 - Call Coventry's Pharmacy Call Center at 877-215-4100 to request authorization, or
 - Fax a Prior Authorization Form (available at www.chcnebraska.com) to 877-554-9139.

How can I tell if my medication will require prior authorization?

Call NECHIP Customer Service at 855-422-5821 or review the Prescription Drug List at www.nechip.com. Drugs requiring prior authorization are marked "PAS," or "STS."
(See example, right.)

O
Oforta (PA, PAS, PAF) (SP) ☒
Oleptro (ST, STS)
Omnaris (ST, STS)
Opana IR (PA, PAS) ☒

Ask your provider to discuss your prescriptions and possible alternatives with you.

How long will prior authorization take?

If your provider calls with all relevant medical information, including your name, policyholder ID number, diagnosis and past medical history, Coventry can sometimes provide prior authorization approval right over the phone. Most requests are processed within a few working days. Additional time may be required if more information is needed from your provider.

Why might a prior authorization be denied?

The following are some of the reasons why your prior authorization request might be denied:

- You have not yet tried alternate medications that are safe and effective.
- Your provider did not request prior authorization.
- We have not received documentation that:
 - A formulary drug has failed to be an effective treatment for you,
 - You have experienced adverse effects from the formulary drug (Tier 2), *or*
 - Another medical condition prevents you from using the formulary drug (Tier 2).
- Your pharmacy is not billing the prescription correctly.

If at any time you have questions about your benefits, please call the NECHIP Customer Service team at 1-855-247-5201.

