



## **Plan Transition Process**

### **Overview:**

As a new or continuing member in our plan, you may be receiving a drug that is either not on our formulary, or has certain requirements, restrictions or limits on coverage. Under certain circumstances, we may offer a temporary supply of the drug during your first 90 days of membership. This gives you time to talk to your doctor about the limits on coverage and to discuss the options available to meet your medication needs.

### **To be eligible for a transition supply, YOU must be eligible for Part D coverage and one of the following:**

- Newly enrolled in our plan at the beginning of the contract year, and during the first 90 days of enrollment, beginning on the effective date of coverage.
- Newly eligible to Medicare transitioning from other coverage at the beginning of the calendar year, and during the first 90 days of enrollment, beginning on the effective date of coverage.
- Transitioning from one plan to another after the start of the calendar year and during the first 90 days of enrollment, beginning on the effective date of coverage. If you are a member who is new to our plan at the end of the calendar year, the transition period will extend across contract years.
- Residing in a long-term care facility and
  - Within the first 90 days of enrollment, beginning on the effective date of coverage; OR
  - In need of an emergency supply after the 90 day transition period has expired.
- Currently enrolled in our plan but affected by a formulary change from one calendar year to the next. If you are affected by a formulary change at the beginning of a contract year, you will receive a 90 day transition period at the beginning of the calendar year consistent with the process for new enrollees.

### **To be eligible for a transition supply, YOUR DRUG must be eligible for coverage under Part D and one of the following:**

- Non-formulary or not covered
- Restricted or limited under our rules, such as Prior Authorization or Step Therapy

### **Retail Pharmacy Policy:**

As a new or continuing member in our plan, for each of your drugs that is not on our formulary or if your ability to receive it is limited, we will cover a temporary, one time



transition supply. This temporary supply will be for a maximum of 30-days (unless you have a prescription written for fewer days). In order to receive this temporary transition fill, you must use an in-network pharmacy and be within your 90 day transition period as noted above.

**Long-Term Care Pharmacy Policy:**

If you are a resident of a long-term care facility, for each of your drugs that is not on our formulary or if your ability to receive it is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). If needed, we will cover more than one refill of these drugs during your 90 day transition period as noted above. If you are past the first 90 days of membership and your transition period has expired, but need an emergency supply right away, we will cover a one time, 31-day emergency supply of the drug (unless you have a prescription written for fewer days).

**How much you will pay for a transition fill:**

The cost-sharing of your prescription will be based on one of our approved cost-sharing tiers for the current plan year. For non-formulary drugs filled during the transition period, the cost-sharing will be consistent with the cost-sharing that we would otherwise charge for non-formulary drugs approved under a coverage exception. If you are a Low Income Subsidy (LIS) member, the cost-share will never exceed the statutory maximum cost-sharing amounts for the current plan year.

**Next Steps:**

If you receive a transition fill, a notice will be sent to you within three business days of the fill. The notice will alert you that the supply you received was temporary. This notice will also suggest that you work with Network Health Insurance Corporation or your physician to help identify appropriate alternatives on our formulary, and discuss your options to meet your medication needs. You should talk to your doctor to decide if you can obtain a new prescription and switch to another covered drug, or if you should request a formulary exception asking that we continue to cover the drug you take based on medical necessity. The letter will explain your right to request a formulary exception, as well as provide the procedure to make such a request.

**For Additional Information:**

For more information regarding our Transition Fill process, please call our Customer Service at 1-800-378-5234, TTY 1-800-947-3529 Monday through Friday, 8:00 am to 8:00 pm.