Part D Prescription Drug Plan
Transition Policy Description

What can you do if your drug is not on the Drug List or if the drug is restricted in some way?
If your drug is not on the Drug List or is restricted, here are things you can do:

- You may be able to get a temporary supply of the drug (only members in certain situations can get a temporary supply). This will give you and your provider time to change to another drug or to file a request to have the drug covered.
- You can change to another drug.
- You can request an exception and ask the plan to cover the drug or remove restrictions from the drug.

You may be able to get a temporary supply
Under certain circumstances, the plan can offer a temporary supply of a drug to you when your drug is not on the Drug List or when it is restricted in some way. Doing this gives you time to talk with your provider about the change in coverage and figure out what to do.

To be eligible for a temporary supply, you must meet the two requirements below:

1. **The change to your drug coverage must be one of the following types of changes:** The drug you have been taking is **no longer on the plan's Drug List**. or -- the drug you have been taking is **now restricted in some way.**

2. **You must be in one of the situations described below:**
   - **For those members who are new or who were in the plan last year and aren't in a long-term care (LTC) facility:**
     - o We will cover a temporary supply of your drug **during the first 90 days of your membership in the plan if you were new and during the first 90 days of the calendar year if you were in the plan last year**. This temporary supply will be for a maximum of 30 days. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication. The prescription must be filled at a network pharmacy.

- **For the members who are new or who were in the plan last year and reside in a long-term care (LTC) facility:**
    - We will cover a temporary supply of your drug **during the first 90 days of your membership in the plan if you are new and during the first** 90 days **of the calendar year if you were in the plan last year**. The total supply will be for a maximum of 31-days. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

- **For those members who have been in the plan for more than 90 days and reside in a long-term care (LTC) facility and need a supply right away:**
    - We will cover one 31 day supply of a particular drug, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.

- **If you are a current member in our plan and have a level of care change:**
    - **We will cover a temporary transition supply if you have a change in your medications because of a level of care change**. This may include unplanned changes in treatment setting, such as being discharged from an acute care setting or being admitted to a long-term care facility. For each drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (up to 31 day supply if you are a resident of a long-term care facility) when you go to a network pharmacy. To ask for a temporary supply, call Member Services at the number on the back of your ID card.

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. The sections below tell you more about these options.

- **You can change to another drug**
    - Start by talking with your provider. Perhaps there is a different drug covered by the plan that might work just as well for you. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your provider find a covered drug that might work for you. (Phone numbers for Member Services are on the back of your ID card)

- **You can ask for an exception**
    - You and your provider can ask the plan to make an exception for you and cover the drug in the way you would like it to be covered. If your provider says that you have medical reasons that justify asking us for an exception, your provider can help you request an exception to the rule. For example, you can ask the plan to cover a drug even though it is not on the plan's Drug List. Or you can ask the plan to make an exception and cover the drug without restrictions. For more information, call Member Services at the number on the back of your ID card.