

## **Plan Transition Process**

### **Overview:**

As a new or continuing member in our plan you may be taking drugs that are not on our List of Covered Drugs (also referred to as our “Formulary” or “Drug List”). 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 do cover, or if you should request a formulary exception that, if approved, allows you continued coverage of the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover a temporary supply of your drug in certain cases during the first 90 days you are a member of our plan. 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. For members needing access to a transition supply who are new at the end of the calendar year with an effective enrollment date of either November 1 or December 1, the transition period will extend across contract years.
- Residing in a Long-Term Care (LTC) 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, OR
  - Entering a LTC facility from another care setting, including after the initial enrollment period; OR
  - Experiencing a level of care change and in need to access to early refills upon admission or discharge
- 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 31-day transition supply (unless you have a prescription written for less than 31 days). If you present a prescription written for less than 31 days, we will allow multiple fills to provide up to a total of 31 days of medication. We will also provide refills for prescriptions dispensed for less than the written amount due to quantity limits for safety purposes. The transition process will be allowed anytime during the first 90 days of your enrollment in our plan, beginning on your effective date of coverage. In order to receive this temporary transition fill, you must use an in-network pharmacy. The maximum days supply allowed is a 31-day supply during your first 90 days of membership. After your initial 31-day transition supply (or total amount of the prescription), we will not cover further transition fills unless you obtain a formulary exception from us, even if you have been a member in our plan for less than 90 days.

### **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 less than 31 days). Unless you obtain a formulary exception from us, the maximum days supply allowed for long-term care members is a 31-day supply, with refills provided if needed, up to a 93-day supply during your first 90 days of membership. If you present a prescription written for less than 31 days, we will allow refills if needed, up to the maximum 93-day supply. We will also provide refills for prescriptions dispensed for less than the written amount due to quantity limits for safety purposes. The transition process will be allowed anytime during the first 90 days of your enrollment in our plan, beginning your effective date of coverage. In order to receive this temporary transition fill, you must use an in-network pharmacy.

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).

### **Level of Care Changes**

If you experience a level of care change (for example, if you are admitted to or discharged from a long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can obtain an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you are admitted to or discharged from a long-term care facility.

**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 via U.S first class mail within three business days of the fill. The notice will alert you that the supply you received was temporary. This notice will provide instructions to contact and work with either 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 initiate a coverage determination or formulary exception request 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. To obtain exception request forms, please contact Customer Service at 1-800-378-5234. TTY users call 1-800-947-3529. We are happy to take your calls from 8:00am through 8:00pm, Monday through Friday. Or, visit our website at <http://www.nppdrugplans.com/>

**For Additional Information:**

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