

Transition Notice

What if my current prescription drugs are not on the formulary or have limits on the formulary?

New Members

As a new member to our plan, you may take drugs that are not listed on our formulary. You may also take drugs that require prior authorization, step therapy or have a quantity limit. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial 31-day transition supply of the drug anytime during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or for situations where your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day transition supply, we may not continue to pay for these drugs under the transition policy.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

Continuing Members

As a continuing member in the plan, you will receive your Annual Notice Of Change (ANOC) by October 31st. You may notice that a formulary medication, which you are currently taking, is either not on the upcoming year's formulary or its cost sharing or coverage is changed in the upcoming year.

In this case, you must talk with your doctor to find an appropriate alternative therapy on our new formulary or request a formulary exception prior to the beginning of the new year. If the exception request is

approved, we will authorize payment prior to January 1st and provide coverage beginning January 1st.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary. In these instances, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care.

If you have any questions about our transition policy or need help asking for a formulary exception, call Member Services at 877-586-1648 (TDD: 1-800-735-2929).

