



## MEDICARE PART D

# Transition Supply Policy

The transition policy helps you get certain Part D drugs for a little while when the covered drug list, also called a formulary, changes on January 1, or if you're joining a new plan. Some drugs may have new limits like prior authorization, step therapy, quantity limits, or aren't covered anymore. Or your new plan might have different limits than your old plan. The transition policy helps you transition to your new or updated coverage.

### Who's eligible?

- New members
- Returning members whose drug coverage is changing on January 1
- Members who've had the plan for more than 90 days, live in a long-term care facility and need a supply right away
- Members who've had the plan for more than 90 days, had a change in their level of care and need a supply right away

### Our transition policy applies to:

- Medicare Part D drugs not on the covered drug list
- Medicare Part D drugs on the covered drug list with rules like:
  - » Prior authorization (PA)
  - » Step therapy (ST)
  - » Quantity limit (QL)

## What You Can Expect

Your transition fill amount depends on whether you're in long-term care and if you're a new member or a returning member. If your prescription is for fewer days, you can still refill to the maximum supply amount in the chart below.

### Eligibility

<b>New Members</b> (not in long-term care)	<b>Up to a 30-day supply</b> during the first 90 days after joining the new plan.
<b>New Members</b> (in long-term care)	<b>Up to a 31-day supply</b> during the first 90 days after joining the new plan.
<b>Returning Members</b> (not in long-term care)	<b>Up to a 30-day supply</b> during the first 90 days of the calendar year. Must have taken the drug in the prior year, and the drug's coverage must have changed.
<b>Returning Members</b> (in long-term care)	<b>Up to a 31-day supply</b> during the first 90 days of the calendar year. Must have taken the drug in the prior year, and the drug's coverage must have changed.

### Long-Term Care Members Enrolled for More than 90 Days

For drugs that aren't on our covered drug list or have restrictions (like prior authorization, step therapy or a quantity limit), we'll cover up to a **31-day emergency supply** of an eligible drug. In the meantime, you, your doctor or your representative will need to ask for an exception or prior authorization if you need to keep taking the same drug.

### Members Enrolled for More than 90 Days with a Level of Care Change

For members who have had the plan for more than 90 days, have a change in level of care and need a supply right away, we'll cover **up to a 30-day supply** (or **31-day supply** for long-term care). For example, if you've been discharged from the hospital, that's a change in level of care.

### What can you expect to pay for a transition supply?

If you have Low Income Subsidy, you won't pay more than the amount the Centers for Medicare & Medicaid Services sets.

If you don't have Low Income Subsidy, you'll pay the normal amount for the drug according to its tier on the covered drug list. For drugs not on the list, you'll pay the tier 4 amount.



### Important things to know:

- Our transition policy is for eligible Medicare Part D drugs only.
- You'll need to use a network pharmacy unless you qualify for out-of-network access.
- For members who were in the plan last year, a prescription is only eligible for a transition supply if you took the drug in the last year. If you only took the drug last year as a transition fill, it's not eligible for another transition fill this year.
- Our policy doesn't apply to drugs that need a determination to see if they're under Part B or Part D coverage.
- Our policy doesn't apply to drugs that have safety reviews to prevent unsafe use. This may include some opioid prescriptions.
- We'll mail you a letter within three business days after you fill the transition supply. This letter will include the reason for the transition supply, your right to request an exception or a coverage determination and the process to follow.

### Ask for an exception or a coverage determination

If you and/or your doctor decide you need to keep taking a drug that's not on our covered drug list, you, your doctor or your representative can ask us for an exception. You can also ask for an exception or a coverage determination if your drug has restrictions like prior authorization, step therapy or quantity limits.

## We're right here when you need us.



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