

Medicare Part D Transition Policy

Transition Policy

As a new or continuing member in our plan, you may be taking drugs that are not on your formulary or are subject to certain restrictions, such as prior authorizations, quantity limits, or step therapy exceptions. You should talk to your doctor to decide if you should switch to a different drug that we cover or request a formulary exception in order to get coverage for a drug. Please contact Member Service if your drug is not on our formulary or subject to restrictions and you need help switching to a different drug that we cover. We can also help you request a formulary exception or prior authorization.

Our transition policy applies to:

- Medicare Part D drugs not on the formulary
- Medicare Part D drugs on the formulary but have utilization rules:
 - Prior Authorization (PA)
 - Step Therapy (ST)
 - Quantity Limit (QL)

Our transition process will be applied to:

- New members or members who were in the plan last year
- 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
- Members who have been in the plan for more than 90 days and experience a Level of Care change and need a supply right away

Non Long-Term Care (LTC)

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. When you go to a network pharmacy, we will provide a temporary 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 30-day supply of medication (unless you have a prescription written for fewer days) of a drug that isn't on our formulary or has coverage restriction or limits (but is otherwise considered a "Part D drug")

A successful transition process is dependent upon us informing you of your options and ensuring your medical needs are safely being met. We will send you a written notice through the U.S. mail within three (3) business days of dispensing the transition supply. The transition letter will include the reason for the transition supply as well as your right to request an exception and the process for you to follow.

Long-Term Care (LTC)

We will cover a temporary supply of your drug during the first 90 days of your membership in our plan if you are new and during the first 90 days of the calendar year if you were in our plan last year. If you are

a resident of a long-term care facility (like a nursing home) we will cover a temporary 31-day transition supply. If your prescription is written for fewer days, we will allow multiple fills to provide up a maximum of a 31-day supply of medication (unless you have a prescription written for fewer days) of a drug that isn't on our formulary, or has coverage restriction or limits (but is otherwise considered a "Part D drug"). If you have been enrolled in our Plan for more than 90 days and need a drug that isn't on our formulary or is subject to other restrictions, such as a prior authorization, step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while pursuing a formulary exception or prior authorization.

Cost Sharing

For people with Low Income Subsidy (LIS), the cost for a temporary supply of drugs shall never exceed the maximum copay amount set by CMS. For non-LIS members, the cost will be based on approved formulary tiers. It will be consistent with cost sharing that the plan would charge for non-formulary drugs approved under a coverage determinations which is Tier 4 cost sharing.

Transition Policy Limitation

Our transition policy applies only to those drugs that are "Medicare Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Medicare Part D drug or a drug out of network, unless you qualify for out of network access. A current enrollee will be provided with a transition supply of an eligible drug if the enrollee has taken the drug in the past year, unless the drug was previously filled as a transition supply. Our transition policy does not apply to drugs that need a determination to verify if they should be classified under the Part B or Part D benefit, safety edits to prevent dispensing of unsafe dosing of drugs (this may include some opioid prescriptions), or non-Medicare Part D drugs.

For More Information

For more detailed information about our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions, please contact: BlueAdvantage (PPO) SM Member Service at **1-800-831-BLUE(2583), TTY: 711**

Between Oct. 1 to Feb. 14, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. Between Feb. 15 to Sept 30, you can call us Monday through Friday from 8 a.m. to 9 p.m ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.