

# MAPD Transition Policy Overview

If your drug is not on the Drug List (formulary) 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** (Section 4 in Chapter 5 of the Evidence of Coverage tells about restrictions).

### **2. You must be in one of the situations described below:**

- **For those members who were in the plan last year and aren't in a long-term care (LTC) facility:**

We will cover a temporary supply of your drug **during the first 90 days of the calendar year**. This temporary supply will be for a maximum of 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. The prescription must be filled at a network pharmacy.

- **For those members who are new to the plan and aren't 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. This temporary supply will be for a maximum of a **30-day supply**. If your prescription is written for fewer days, we allow multiple fills to provide up to a maximum of a **30-day supply** of medication. The prescription must be filled at a network pharmacy.

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- **For those members 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. The total supply will be for a maximum of a 91-day supply and may be up to a 98-day supply depending on the dispensing increment.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 91-day supply of medication. (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 are new to the plan 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. The total supply will be for a maximum of a 91-day supply and may be up to a 98-day supply depending on the dispensing increment. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 91-day supply of medication. (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, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply. To ask for a temporary supply, call Customer Care Group at the number below. 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 Our Customer Care Group 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.

### **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.

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Or you can ask the plan to make an exception and cover the drug without restrictions.

If you and your provider want to ask for an exception, Chapter 9, Section 6.4 of the Evidence of Coverage tells what to do. It explains the procedures and deadlines that have been set by Medicare to make sure your request is handled promptly and fairly.

This information is available for free in other languages. Should you need more information on the formulary transition process, please call our Customer Care Group at 1-877-940-9330 from 8:00AM to 8:00 PM, seven days a week. TTY users, please call 1-800-421-1220.

Esta información está disponible en otros idiomas gratuitamente. Por favor llame al Servicio a Miembros al 1-877-940-9330 los siete días a la semana de 8:00 AM a 8:00 PM