Part D Transition of Care Policy

What if my current prescription drugs are not on the formulary or are included on the formulary but are subject to certain limits?

What is a Transition of Care Policy and How Does it Work?

Medica's transition of care policy will allow members to receive coverage for medications that are not on our formulary or have limitations such as step therapy required, quantity limits, requiring prior authorization when new to our plan, affected by changes across calendar years, or other significant health events such as being admitted to a long-term care facility. Our transition of care policy does not provide an automatic lower tier co-payment for your medications if they are covered under the upcoming year's formulary but at a higher tier level. Formulary coverage and exceptions to a formulary tier placement will require you or your prescriber to submit a coverage determination request.

New Members

As a new member in our plan, you may currently be taking Medicare Part D eligible drugs. For each of these drugs not on our formulary or for situations where your ability to get these drugs is limited, we will cover a one-time, temporary fill of at least a one month supply (unless you have a prescription written for fewer days) during the first 90 days of your enrollment in the plan. If the prescription is written for less than a month's supply, you will be allowed multiple fills to provide at least a total of a month's supply of medication.

You and your prescriber will be sent a written letter within 3 business days once your pharmacy receives an approved claim for a medication under the transition supply policy. When you receive a transition supply letter, you should discuss with your prescriber whether there are appropriate alternative therapies on our formulary, and if there are none, you or your prescriber can request a formulary exception. If the exception is approved, we will send you written notice and you will be able to obtain the drug for a specified period of time.

If you are a resident of a long-term care facility at the time of your enrollment, we will cover fills of eligible drugs, at the point-of-sale, to provide at least a one month transition supply during the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or is subject to certain limits, but you are past the first 90 days of membership in our plan, we will cover at least a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Long Term Care Admissions

If you are admitted to a long-term care facility at any time during your membership, we will cover fills of eligible drugs, at the point-of-sale, to provide at least a one month transition supply during the first 90 days after you have been admitted to a long-term care facility as a member of our plan. If you need a drug that is not on our formulary or is subject to certain limits, you are eligible for at least 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 our plan from one calendar year to the next, you will receive your Annual Notice of Change (ANOC) by September 30. You may notice that a formulary medication which you are currently taking is either not on the upcoming year's formulary or coverage is limited in the upcoming year. For each of your drugs

that are affected by a negative change as a result of the updated formulary, we will cover a one-time, temporary fill of at least a one month supply (unless you have a prescription written for fewer days) during the first 90 days of the calendar year. You and your prescriber will be sent a written letter within three business days of an approved claim filled under the transition supply policy. When you receive a transition supply letter, you should discuss with your prescriber appropriate alternative therapies on our formulary and if there are none, you or your prescriber can request a formulary exception. If the exception is approved, we will send you written notice and you will be able to obtain the drug for a specified period of time.

Are all drugs eligible for Transition of Care Supplies?

A drug is eligible for the transition of care policy if it is a Medicare Part D-approved drug only. Part D drugs include medications that are not on our formulary or medications that are on our formulary with a restriction such as quantity limits, step therapy, or requiring prior authorization. Medications that are specifically excluded from Medicare Part D (examples include, but are not limited to: over the counter medications, drugs for treating erectile dysfunction, drugs for cosmetic indications, Part B drugs, etc) are not covered under this transition of care policy. Drugs that require a Medicare benefit determination to ensure that they are applied to the correct part of Medicare (for example Part B or Part D), or drugs that have FDA safety-related dosing quantity limits are also not covered under this transition of care policy.

HAVE QUESTIONS?

If you have any questions about Medica's Part D transition of care policy or need help asking for a coverage determination or formulary exception, please call Customer Service:

- Medica Prime Solution Members: **1-800-234-8755** or **952-992-2300**
- Medica DUAL Solution and AccessAbility Solution Enhanced Members: **1-888-347-3630** or **952-992-2580**
- Medica Advantage Solution Members: **1-866-269-6804** or **952-992-2134**

TTY users call 711. Our hours are 8 a.m. to 8 p.m., Central, seven days a week. Please note that access to representatives may be limited on weekends/holidays during certain times of the year. Or, visit **www.medica.com**.

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