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## Provider Partners Health Plans (HMO I-SNP) Medicare Part D Prescription Drug Transition Policy Description

### **What can you do if your drug is not on the Drug List or if the drug is restricted in some way?**

If your drug is not on the Drug List or is restricted, here are options:

- You may be able to get a temporary supply of the drug
- 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 must provide a temporary supply of a drug that you are already taking. This temporary supply gives you time to talk with your provider about the change in coverage and decide what to do.

To be eligible for a temporary supply, the drug you have been taking **must no longer be on the plan's Drug List OR is now restricted in some way.**

- **If you are a new member**, we will cover a temporary supply of your drug during the first **90 days** of your membership in the plan.
- **If you were in the plan last year**, 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 one-month supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of one-month supply of medication. The prescription must be filled at a network pharmacy. (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 facility and need a supply right away:**

We will cover one 30-day supply emergency supply of a particular drug, or less if your prescription is written for fewer days. This is in addition to the above temporary supply.

- **For members who are outside of their transition period and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, or long-term care facility to hospice.)**

We will allow an early refill for a one-month supply of medication in a retail setting and long-term care setting for formulary medications and an emergency transition fill for nonformulary medications (including those medications that are on formulary but require prior authorizations, step therapy or are subject to quantity limit restrictions).

This does not apply for short-term leaves of absence (i.e., holidays or vacations) from long-term care facilities or hospitals.

If you are outside of your 90-day transition period, we will provide an emergency 30-day supply in the retail setting or up to a 30-day supply in the long-term care setting of Part D covered non-formulary medications (including Part D covered drugs that are on our formulary that would otherwise require prior authorization, step therapy, or quantity limit restrictions), on a case-by-case basis, while an exception is being processed.

For questions about a temporary supply, call Member Services.

During the time when you are using a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You have two options:

### **You can change to another drug**

Talk with your provider about whether there is a different drug covered by the plan that may work just as well for you. You can call Member Services 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 and cover the drug in the way you would like it 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. For example, you can ask the plan to cover a drug even though it is not on the plan's Drug List. Or you can ask the plan to make an exception and cover the drug without restrictions.

If you are a current member and a drug you are taking will be removed from the formulary or restricted in some way for next year, we will tell you about any change prior to the new year. You can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). If we approve your request, we will authorize the coverage before the change takes effect.

If you and your provider want to ask for an exception, Chapter 9, Section 6.4 of the Evidence of Coverage found on the website ([www.pphealthplan.com](http://www.pphealthplan.com)) tells you 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.