

Formulary Transition Notice

What Do I Do Before I Can Talk to my Doctor About Changing my Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs not on our formulary or if your ability to get your drugs is limited, we will cover:

- a temporary 30-day supply (unless you have a prescription written for fewer days) when you use a network retail pharmacy or home infusion pharmacy or;
- a temporary 90-day supply if you use a network mail service pharmacy, home infusion pharmacy, or network retail pharmacy that has contracted with us to fill a 90-day supply of prescriptions.

After your initial supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Medications obtained at retail, mail order, Indian tribal or home infusion pharmacies are eligible for this transition policy.