

## 2021 PDP Plan Transition Process

If you need a drug that is 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 less than 30 days of medication) when you go to a network pharmacy. We will not pay for those drugs unless the formulary exception has been approved after your 30-day transition fill.

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). If you need a drug that is not on our formulary or if 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 written for fewer days) while you pursue a formulary exception.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, we will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy: a 30-day transition supply (unless the prescription is written for less than 30 days, in which case we will allow multiple fills to provide up to a total of 30 days of medication).
- If you are a resident of a long-term care facility: a 34-day supply (unless the prescription is written for fewer days).

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received; instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan Formulary ; an explanation of your right to request a formulary exception; and a description of the procedures for requesting an formulary exception. We will send a copy of the letter to your doctor.

**Pharmacy Benefit Dimensions®**