



RxBLUE PDP  
Contract ID: S5937  
Calendar Year: 2011

## **RxBLUE PDP Transition Process**

### **Policy Statement(s)**

Through its contracted PBM, Express Scripts, Inc., RxBLUE PDP provides a CMS-compliant transition process for drugs not on the RxBLUE PDP formulary or those drugs for which coverage restrictions or limits are applicable to the following:

- New enrollees following the annual coordinated election period,
- Newly eligible Medicare beneficiaries from other coverage,
- Individuals who switch from one plan to another after the start of the contract year,
- Enrollees residing in long-term care (LTC) facilities, and
- Current enrollees affected by formulary changes from one contract year to the next
- Enrollees who experience level-of-care changes.

*Note:* The transition process is not applicable to Medicare-excluded drugs.

### **The Transition Process described herein is applicable to:**

- Part D medications that are non-formulary
- Part D medications that are formulary but:
  - Require Prior Authorization
  - Require Step Therapy

Overrides will be implemented at the point of sale to enable the temporary fill. These processes will only allow Medicare Part D eligible drugs to adjudicate.

RxBLUE PDP will make available prior authorization or exceptions request forms upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on the RxBLUE PDP website.

### **Procedure(s)**

#### **A. New Enrollees:**

As a new member to our Plan, you may be taking drugs that are not listed on our formulary (non-formulary drug) or you may be taking drugs that have restrictions in place such as Prior Authorization or Step Therapy. We recommend that you talk to your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor may request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While

you are talking to your doctor to determine the right course of action for you, you may be eligible to receive a temporary 34-day supply (unless the prescription is written for less than 34 days) of the non-formulary Part D medication (or a Part D medication with Prior Authorization or Step Therapy requirements) during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or for situations where your ability to get your drugs is limited (formulary drugs with Prior Authorization or Step Therapy Requirements), we will cover a temporary 34-day supply when you go to a network pharmacy.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply of the non-formulary drug (or a Part D drug with Prior Authorization or Step Therapy Requirements). We will cover more than one refill of these drugs for up to a 93 day supply within 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 (formulary drugs with Prior Authorization or Step Therapy Requirements), but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

## **B. Current Enrollees:**

As a continuing member, you will receive the Annual Notice of Change (ANOC) and the upcoming year's drug formulary for the Plan in which you are currently enrolled by September 30<sup>th</sup>. You may notice that a formulary medication, which you are currently taking, is not on our upcoming year formulary or has Prior Authorization or Step Therapy Requirements. We recommend that you talk to your doctor about appropriate alternative therapies available on our formulary.

While you are talking to your doctor to determine the right course of action for you, you may be eligible to receive a temporary 34-day transition supply of the non-formulary Part D drug (or a Part D drug with Prior Authorization or Step Therapy Requirements) during the first 90 days of the new calendar year. If your doctor decides that there are no appropriate alternative therapies available on our formulary, you or your doctor may request a formulary exception beginning the new calendar year.

If you are a current member transitioning to a different level of care, you may be prescribed medications that are not on our formulary or your ability to get your medications may be limited (formulary drugs with Prior Authorization or Step Therapy Requirements). In these instances, you need to talk to your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor may request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking to your doctor to determine the right course of action for you, you are eligible to receive a 34-day transition supply (unless the prescription is written for less than 34 days) of the non-formulary Part D drug (or a Part D drug with Prior Authorization or Step Therapy requirements) since you are transitioning to a different level of care.

If you have any questions about our transition policy or need help asking for a formulary exception, please call Customer Service at 1-888-223-BLUE (2583), 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-947-5277, 8 a.m. to 8 p.m., seven days a week.