

## Prescription Drug Transition Process

### **What if my current prescription drugs are not on the formulary or are limited on the formulary?**

#### New Members

As a new member in our plan, you may currently 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 prior authorization from us before you can fill your prescription. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can 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 with your doctor to determine your course of action, you may be eligible to receive an initial 30 day transition supply of the drug any time during the first 90 days you are a member of our plan.

For each of your drugs not on our formulary or for situations where 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 go to a network pharmacy. After this first 30 day transition supply, we may not continue to pay for these drugs under the transition policy. You are reminded to discuss with your doctor appropriate alternative therapies on our formulary and if there are none, you or your doctor can request a formulary exception.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (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 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 the plan, you will receive your Annual Notice of Change (ANOC) by September 30th. You may notice that a formulary medication which you are currently taking is either not on the upcoming year's formulary or its coverage is limited in the upcoming year. In this case, we will provide for a transition period consistent with the above transition process for new enrollees.

When you have a level of care change, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. You are reminded to discuss with your doctor appropriate alternative therapies on our formulary and if there are none, you or your doctor can request a formulary exception. We will not limit appropriate and necessary access to Part D benefits when you are being admitted to, or discharged from a Long Term Care facility.

If you have any questions about our transition policy or need help asking for a formulary exception, please call Customer Service, 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week.

- RMHP Members residing in Colorado, call 888-282-1420 toll free or 970-244-7912
- TTY users call 711 (Relay Colorado)
- Para asistencia en español llame al 888-282-1420