



## Inter Valley Health Plan

Medicare plans for health. Not for profit.

### Transition Notice

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 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 fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the Plan for less than 90 days.

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 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 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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Exceptions are also available when you have experienced a change in the level of care you are receiving which requires you to transition from one facility or treatment center to another. Examples of situations in which you would be eligible for the one-time temporary fill exception when you are outside of the three-month effective date with the Plan are as follows:

- If you are discharged from the hospital and provided a discharge list of medications based upon the Formulary of the hospital.
- If you end your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you need to revert back to the Inter Valley Health Plan formulary.
- If you give up Hospice status and revert back to standard Medicare Part A and B benefits.
- If you are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

All of these situations would warrant a temporary one-time fill exception regardless of your effective date with the Plan.