



## PART D TRANSITION POLICY

As a new or existing member of HealthSun Health Plans (HSHP), we want to make sure that the transition into the new benefit year is as safe and seamless as possible. You may currently be taking Part-D approved medications that are not on our formulary or that are on our formulary but may require prior authorization, step therapy trial or other Medicare approved utilization management rules. In cases like these, you will need to speak with your physician about appropriate alternative therapies that may be available. If there are no appropriate alternatives available, you or your doctor can request a formulary exception. If the formulary exception is approved, you will be able to obtain the medication for a specified period of time.

If you are identified as a transition member, you will be eligible to receive a transition fill and will be sent a letter with instructions on how to proceed with the Exception Process. The following scenarios may apply to the Transition Process:

- New enrollees to (HSHP) at the start of a contract year and following the annual coordinated election period
- New enrollees to (HSHP) who switch from another plan after the start of a contract year
- Newly Medicare eligible enrollees from other coverage
- Enrollees affected by negative formulary changes across contract years
- Enrollees residing in Long Term Care (LTC) facilities
- Enrollees who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period
- Enrollees who remain in the same plan for the new plan year and are on a drug that was the result of an exception that was granted in the previous plan year
- Current enrollees experiencing a level of care change
- Current enrollees entering the LTC setting from other care settings; and

- Current enrollees in a LTC setting requiring an emergency supply of a non-formulary drug

Transition process requirements will be applicable to non-formulary drugs, meaning:

- Part D covered drugs that are not on the applicable HSHP formulary, or
- Drugs previously approved for coverage under an exception once the exception expires, or
- Part D drugs that are on the applicable HSHP formulary but require prior authorization or step therapy, or that have an approved QL lower than the beneficiaries' current dose, under HSHP's utilization management rules.

HSHP will conduct medical review of non-formulary drug requests, and when appropriate, we will assist new enrollees with switching to a therapeutically appropriate formulary alternative if the request does not meet medical necessity. The procedure for switching to a formulary alternative is described in the denial notification letter that is provided to the member.

The pharmacy claims adjudication system will have systems capabilities that allow pharmacies to provide a temporary supply of non-formulary Part D drugs. The temporary supply is provided in order to:

- accommodate the immediate needs of an enrollee, as well as to
- allow the enrollee sufficient time to work with the prescriber on an appropriate switch to a therapeutically equivalent formulary medication or,
- to allow the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.

#### **FOR MORE INFORMATION:**

For more information about your HealthSun Health Plans prescription drug coverage, please review your Evidence of Coverage (EOC). If you have questions about HealthSun Health Plans, please call Member Services at (305) 447-4458 or toll free (877) 336-2069, seven days a week from 8:00 am to 8:00 pm, Eastern Standard Time. TTY users should call (877) 206-0500.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1(800) MEDICARE (633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1(877)486-2048 or visit [www.medicare.gov](http://www.medicare.gov).