



PART D TRANSITION POLICY

HealthSun Health Plans (HSHP) wants to be sure that you, as a new or existing member, transition into the new benefit year as safely and seamlessly 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.

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 beneficiaries enrolled into the plan (HSHP) following the annual coordinated election period
- New beneficiaries to (HSHP) who switch from another plan after the start of a contract year
- Newly Medicare eligible beneficiaries from other coverage
- Current beneficiaries affected by negative formulary changes across contract year
- Beneficiaries 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
- Extension of transition period for beneficiaries who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period
- Beneficiaries residing in long-term care (LTC) facilities, including beneficiaries being admitted to or discharged from an LTC facility
- LTC and new patient/Level of Care Change
- Current beneficiaries in a LTC setting requiring an emergency supply of a non-formulary drug

The transition process requirements will be applicable to non-formulary and formulary drugs with a utilization management edit, meaning:

- Part D covered drugs that are not on the applicable HSHP formulary
- Part D drugs that are on the applicable HSHP formulary but require prior authorization
- Part D drugs step therapy that are on the applicable HSHP formulary, transition allows the claim to process through step therapy program logic and post to history appropriately
- Part D drug that are on the applicable HSHP formulary with quantity limit (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 beneficiaries 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.

Pharmacies can provide a temporary supply of non-formulary Part D drugs. The temporary supply is provided in order to:

- accommodate the immediate needs of a beneficiary, as well as to
- allow the beneficiary 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 reason.

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 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 (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