

### *Transition Notice*

*What if my current prescription drugs are not on the formulary or have certain restrictions?*

#### New Members

As a new member to our plan, you may take drugs that are not listed on our formulary. You may also take formulary drugs that require Prior Authorization or Step Therapy. In instances like these, you need to 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 will be eligible to receive a temporary 31-day supply (unless the prescription is written for less) of your prescription anytime during the first 90 days you are a member of our plan. For each of your Part D drug that is not on our formulary or for situations where your ability to get your drugs is limited (formulary Part D drugs with Prior Authorization or Step Therapy Requirements), we will cover a temporary 31-day supply (unless the prescription is written for less) when you go to a network pharmacy. After your 31-day transition supply, we may not continue to pay for these drugs under the transition policy. If there are no appropriate alternative therapies on our formulary, you or your doctor (or another prescriber) may request a formulary exception and ask the plan to cover the drug or remove a restriction from the drug. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time.

If you are a resident of a long-term care facility, we will cover multiple refills of the non-formulary Part D drug (or a Part D drug with Prior Authorization or Step Therapy Requirements) up to a 98-day 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 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.

#### Continuing Members

As a continuing member in the plan, you will receive the Annual Notice of Change (ANOC) and the upcoming year drug formulary by October 31st. 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. In this case, you need to 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 31-day transition supply of the non-formulary Part D drug (or a Part D drug with Prior Authorization or Step Therapy Requirements) anytime during the first 90 days of the new calendar year. If your doctor decides that none of the drugs we cover for treating your condition is medically appropriate for you, you or your doctor (or another prescriber) may request a formulary exception beginning the new calendar year and ask the plan to cover the drug or remove a restriction from the drug.

If you are a current member transitioning to a different level of care, you may be prescribed medications 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. While you are talking to your doctor to determine the right course of action for you, you are eligible to receive a 31-day transition supply (unless the prescription is written for less) 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 there are no appropriate alternative therapies on our formulary, you or your doctor (or another prescriber) may request a formulary exception and ask the plan to cover the drug or remove a restriction from the drug. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time.

If you have any questions about our transition policy or need help asking for a formulary exception, please call our Member Services.

VillageHealth is a Coordinated Care Plan with a Medicare Advantage contract; and is a Point of Service (POS) plan with a Medicare contract.