



Plan Transition Policy

New members in our Plan may be taking drugs that aren't in our formulary or that are subject to certain restrictions, such as prior authorization, step therapy or quantity limits. Current members may also be affected by changes in our formulary from one year to the next and throughout the year. Members should talk to their doctors to decide if they should switch to an appropriate drug that we cover or request a formulary exception (which is a type of coverage determination) in order to get coverage for the drug. Please contact Customer Service 7 days a week, from 8:00 a.m. to 8:00 p.m. at 1-800-942-0247 (TTY Relay: Dial 7-1-1) to learn more about how to request a prior authorization or formulary exception or if you have any questions. Community Health Plan of Washington Medicare Advantage can send the prior authorization or exception request form upon your or your doctor's request via mail, fax, and email. The prior authorization or exception request form is also available on the CHPW Medicare Advantage website: <https://medicare.chpw.org/member-center/member-resources/prescription-drug-coverage/requesting-exceptions-and-coverage-determination/>

CHPW Medicare Advantage's transition policy is as follows:

- **For those members who were in the plan last year and aren't in a long-term care facility:**

CHPW Medicare Advantage will cover a temporary supply during the first 90 days following a formulary change for current enrollees who have previously utilized a drug which is no longer on the formulary or remains on the formulary but to which new prior authorization, step therapy or quantity restrictions apply. This temporary supply will be for a maximum of a 34-day supply, or less if the prescription is written for fewer days.

- **For those members who are new to the plan and aren't in a long-term care facility:**

CHPW Medicare Advantage will cover a temporary supply of a non-formulary or restricted drug during the first 90 days of membership in the plan. This temporary supply will be for a maximum of a 34-day supply or less if the prescription is written for fewer days.

- **For those who are new members and are residents in a long-term care facility:**

CHPW Medicare Advantage will allow you to refill your prescription until we have provided you with a 91-day supply and may be up to a 98-day supply, consistent with the dispensing increment, unless you have a prescription written for fewer days. If needed, CHPW Medicare Advantage will cover additional refills during the first 90 days in the plan.

- **For those who have been a member of the plan for more than 90 days, and are a resident of a long-term care facility and need a supply right away:** CHPW Medicare Advantage will cover a 34-day supply, or less if the prescription is written for fewer days. This is in addition to the above long-term care transition supply.

CHPW Medicare Advantage will extend an override to current enrollees who experience level of care changes, such as a change in treatment settings. This allowance will be made for the 30-day period following the level of care change.

Please note that our transition policy applies only to those drugs that are “Part D eligible drugs” and that are filled at a network pharmacy.