

CommuniCare Advantage Cal MediConnect Plan (Medicare-Medicaid Plan) Transition Policy

When you become a member of **CommuniCare Advantage Cal MediConnect Plan** you may be taking drugs that aren't in our formulary or that are subject to certain restrictions and may require prior authorization or step therapy. Current members may also be impacted by changes in our formulary from one year to the next. You may speak to your doctor to help you decide if you should switch to an appropriate drug that is covered by **CommuniCare Advantage Cal MediConnect Plan** or request a formulary exception (coverage determination) in order to get coverage for the drug.

You may refer to Chapter 9 in your Member Handbook to learn more about how to request an exception. You may also call Member Services if your drug is not currently in on our formulary, is subject to certain restrictions, such as prior authorization or step therapy or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During this time period you should speak to your doctor to determine the right course of action, **CommuniCare Advantage Cal MediConnect Plan** may provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of new membership in our Plan. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When you go to a network pharmacy and **CommuniCare Advantage Cal MediConnect Plan** provides a temporary supply of a drug that is not covered in on our formulary, or that has coverage restrictions or limits (but is otherwise a considered a "Part D drug" or a drug covered by Medi-Cal), we will cover a 31-day supply (unless the prescription is written for fewer days). After **CommuniCare Advantage Cal MediConnect Plan** covers the temporary 31 day supply, we generally will not pay for these drugs as part of our transition policy again. **CommuniCare Advantage Cal MediConnect Plan** will provide you with a written notice after we cover your temporary supply. The notice will provide explanation of the steps you can take to request an exception and how to work with your provider to decide if you should switch to an appropriate drug that is covered by **CommuniCare Advantage (HMO)**.

If you are a new member that resides in a long-term-care facility (like a nursing home), **CommuniCare Advantage Cal MediConnect Plan** will cover a 93-day transition supply (unless the prescription is written for fewer days). If necessary, **CommuniCare Advantage Cal MediConnect Plan** will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If you have been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31 day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.