

Transition Policy

Why your drug might not be covered

We try to make your drug coverage work well for you, but sometimes a drug might not be covered in the way that you would like it to be. For example:

- **The drug you want to take is not covered by the plan.**
The drug might not be on the Drug List. A generic version of the drug might be covered, but the brand name you want to take is not. A drug might be new, and we have not yet checked to see if it is safe and if it works.
- **The drug is covered, but there are special rules or limits on coverage for that drug.**
Some of the drugs covered by the plan have rules that limit their use. You or your prescriber may want to ask us for an exception to a rule.

There are things you can do if your drug is not covered.

You can get a temporary supply

In some cases, the plan can give you a temporary supply of a drug when the drug is not on the Drug List or when it is limited in some way. This gives you time to talk with your doctor about getting a different drug or to ask the plan to cover the drug.

To get a temporary supply of a drug, you must meet the two rules below:

1. The drug you have been taking:

- is no longer on the plan's Drug List, *or*
- was never on the plan's Drug List, *or*
- is now limited in some way.

2. You must be in one of these situations:

- **You are new to the plan and do not live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first 90 days** you are on the plan. This supply will be for up to a 60-days for Part D drugs. Or this supply will for up to a 31-day supply for non-Part D drugs. You can fill up to the maximum days allowed for these fills over multiple fills. You must fill the prescription at a network pharmacy.

- **You were in the plan last year and live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first 90 days of the calendar year**. The total supply will be for up to a 31-day supply. You can fill up to the maximum days allowed for these fills

over multiple fills. The long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

- **You are new to the plan and live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first 90 days** you are on plan. The total supply will be for up to a 60-day supply for Part D drugs. Or this supply will be for up to a 31-day supply for non-Part D drugs. You can fill up to the maximum days allowed for these fills over multiple fills if needed. The long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

- **You have been in the plan for more than 90 days and live in a long-term care facility and need a supply right away.**

We will cover one 31-day supply, or less if your prescription is for fewer days. This is in addition to the above long-term care transition supply.

- If you are a new resident of a Long Term Care facility and have been in our Plan for more than 60 days we will cover an emergency supply. This emergency supply is for 31-days of that drug (unless the prescription is for fewer days) while you start an exception. You can get an exceptions when you have move from one facility or treatment center to another. In such cases, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 60 days as a member of the plan. Please note that this applies only to those drugs that are “Part D drugs” and bought at a network pharmacy. The transition policy can’t be used to buy a non-Part D drug. This transition policy can’t be used to buy a drug out of network unless you qualify for out of network access.

How to ask for a temporary supply

To ask for a temporary supply of a drug, call Member Services.

When you get a temporary supply of a drug, you should talk with your provider to decide what to do when your supply runs out. Here are your choices:

- **You can change to another drug.**

There may be a different drug covered by the plan that works for you. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. The list can help your provider find a covered drug that might work for you.

OR

- **You can ask for an exception.**

You and your provider can ask the plan to make an exception. For example, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your provider says you have a good medical reason for an exception, he or she can help you ask for one.

Asking for an exception

If a drug you are taking will be taken off the Drug List next year we will allow you to ask for an exception before next year. If a drug you are taking is limited in some way for next year you can also ask for an exception. We will tell you about any change in the coverage for your drug for next year. You can then ask us to make an exception and cover the drug in the way you would like it to be covered. We will answer your request for an exception within 72 hours after we get your request (or your prescriber's supporting statement).

- To learn more about asking for an exception, see Chapter 9.
- If you need help asking for an exception, contact Member Services or your Care Coordinator.

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

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