Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their providers to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. Please contact Customer Service if your drug is not 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 the period of time members are talking to their providers to determine the right course of action, we may provide a temporary supply of the non-formulary drug or drugs that have restrictions, if those members 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 you with the opportunity to request a formulary exception once the plan year has begun.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply.
This notice will explain the steps you can take to request an exception and how to work with your providers to decide if you should switch to an appropriate drug that we cover.

Long-term care facility
If a new member is a resident of a long-term care facility (like a nursing home), we will cover a temporary supply of your drug during the first 90 days of your membership in the plan. The first supply will be for a maximum of a 31-day supply, or less if your prescription is written for fewer days. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.) If needed, we will cover additional refills during your first 90 days in the plan.

If the resident has 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.

In order to accommodate unexpected transitions of members that do not leave time for advance planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to home, we will cover a temporary 30-day supply.

Please note that our transition policy 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 or a drug out of network, unless you qualify for out of network access.

For more information
For more detailed information about your HealthSpring prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. You can visit us online at **HealthSpring.com**, or contact us directly at:

- HealthSpring Medicare Advantage Plans: **1-800-668-3813 (TTY 711) or Arizona only 1-800-627-7534 (TTY 711)**
    - October 1 – March 31, 8:00 am–8:00 pm local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 am– 8:00 pm local time.
- HealthSpring Medicare Prescription Drug Plans: **1-800-222-6700 (TTY 711)**
    - 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.

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