



Part D Transition Process

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during your first 90 days of coverage for this plan year.

New Members

Retail Pharmacy: For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, *iCare* will cover a temporary 30-day supply (unless you have a prescription written for fewer days) anytime during the first 90 days of your enrollment in our plan. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

Long Term Care Pharmacy: If you are a resident of a long-term care facility, *iCare* will cover a temporary 30-day supply (unless you have a prescription written for fewer days within the first 90 days you are a member of our plan).

Continuing Members

Emergency Supplies for Members in a Long Term Care Facility: As a matter of general practice, Long Term Care residents must receive their medications as ordered without delay. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Level of Care Changes for Current Members: *iCare* understands that special situations may arise in which you need a transition supply outside of the original 90 days of your enrollment with our plan. These circumstances usually involve a level of care change. For example, you may be returning home after a hospitalization. For these unplanned transitions, you and your doctor must utilize the exceptions and appeals process; however, *iCare* will allow up to a

temporary 30-day supply of the medication while you and your doctor pursue a formulary exception.

Transition Across Benefit Years: If your medication is removed from our formulary from one benefit year to the next or if your medication remains on formulary but a new prior authorization or step therapy restriction is added from one benefit year to the next, *iCare* provides a transition process consistent with the transition process required for new members.

Transition Extension

iCare will continue to provide necessary Part D drugs via an extension of the transition period, on a case-by-case basis, when your exception request or appeal has not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

Member Notification

iCare sends a written Transition Notice to you via U.S. first class mail within 3 business days of your temporary fill. The notice includes (1) an explanation of the temporary nature of the transition supply you received; (2) instructions for working with *iCare* and your doctor to identify appropriate therapeutic alternatives that are on our formulary; (3) an explanation of your right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception.

Prescriber Notification

iCare makes reasonable efforts to also notify prescribers of your temporary fill. We mail a Transition Notice to your doctor any time a Transition Notice is mailed to you.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee maintains a role in our transition process by: (1) reviewing and recommending all formulary step therapy and prior authorization guidelines for clinical appropriateness; and (2) reviewing and recommending procedures for medical review of non-formulary drug requests, including our exception process.

Our exception process integrates with the overall transition plan for members in the following areas: (1) When evaluating an exception request for transitioning members, our exception evaluation process considers the clinical aspects of the drug, including any risks involved in switching; and (2) The exception policy includes a process for switching new members to therapeutically appropriate formulary alternatives as needed.

Aurora CompleteCare (HMO SNP), *iCare* Medicare Plan (HMO SNP), *iCare* Family Care Partnership Plan (HMO SNP) and Lakeland Care +Health (HMO SNP), insured through Independent Care Health Plan, are Coordinated Care plans with a Medicare contract and a contract with the State Medicaid program. Enrollment in plans insured through *iCare* depends on contract renewal. Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 1-800-947-3529). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-777-4376 (TTY: 1-800-947-3529).

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