

What if your drug is not on the formulary?

If your prescription is not listed on the formulary, you should first contact Customer Service to be sure it is not covered. If Customer Service confirms that we do not cover your drug, you have three options:

- § You can ask your doctor if you can switch to another drug that is covered by us. If you would like to give your doctor a list of covered drugs that are used to treat similar medical conditions, please contact Customer Service.
- § You can ask us to make an exception to cover your drug.
- § You can pay out-of-pocket for the drug and request that the plan reimburse you by requesting a formulary exception. This does not obligate the plan to reimburse you if the exception request is not approved.

If you recently joined this Plan and learn that we do not cover a drug you were taking when you joined our plan, you may be able to get a one-time fill of that prescription. You can get a one-time fill of the non-covered drug if one of the following applies:

- § You didn't know that your drug wasn't covered by this Plan, or
- § You knew it wasn't covered but you didn't know that you could request an exception to the Plan's formulary.

After your one-time fill, you can ask Customer Service if we cover another drug to treat your medical condition. If we cover another drug, you can ask your doctor if this drug is an option for your treatment. You can also file a request for an exception to our formulary.

In some cases, we will contact you if you are taking a drug that is not on our formulary. We can give you the names of covered drugs that may be used to treat similar conditions so you can ask your doctor if any of these drugs are an option for your treatment.

Drug Transition Policy: For a recent enrollee identified for non-formulary utilization through point-of-sale rejection of a non-formulary drug

- a. The pharmacy calls Medi-Pak Advantage regarding the rejection.
- b. A Clinical Specialist takes the exception request, and verifies the new enrollee filling a non-preferred drug.
- c. A 60-day "grace period" authorization is entered into the claims adjudication system for coverage of a non-formulary drug. (For the Long Term Care (LTC) population, the "grace period" is extended to 90 days.)
- d. The Clinical Specialist will respond via fax regarding the use of the non-formulary medication
- e. If the enrollee or his or her physician files an exception request, the standard non-formulary exception process will be followed (unless it is requested to be expedited).
- f. If the enrollee or his or her physician does not file a non-formulary exception request with Medi-Pak Advantage, the drug will remain non-formulary and will not be eligible for cost sharing once the grace period expires.