



## Prescription Drug Transition Policy

If you are new to our plan or a continuing member, you may be taking drugs that are not covered the way you expect. For example:

- The drug may not be on our list of covered drugs (called a formulary or *Drug List*), or
- The drug is covered, but there are special rules or limits on coverage.

If this happens, talk to your doctor. They can help you find a different covered drug. In some cases, you or your doctor can also ask us to make an exception and cover your current drug.

In some cases, we can give you a temporary supply of a drug if it's not on our *Drug List* or is limited in some way. This gives you time to:

- Talk to your doctor about other options, or
- Ask us to cover the drug.

Here is how the temporary supply works:

- If you were in our plan last year and your drug is no longer on our *Drug List* or is now limited in some way, we will cover a temporary supply during the first 90 days of the year. This supply can last up to 30 days.
- If you are new to our plan and your drug is not on our *Drug List* or is limited in some way, we will cover a temporary supply during the first 90 days in the plan. This supply can last up to 30 days.
- If you live in a long-term care facility and are new to our plan, we will cover a temporary supply of your drug during the first 90 days in the plan. This supply will last at least 91 days and up to 98 days. This is based on the small amounts given to avoid waste.
- If you live in a long-term care facility and have been in our plan for more than 90 days, we will cover a one-time emergency supply. This supply can last up to 31 days or less if your prescription is written for fewer days. This is in addition to the temporary supply.
- If you are moving from one treatment setting to another (called a level of care change), we will cover a temporary supply of your drug for up to 30 days.

In all cases, your prescription must be filled at a network pharmacy.

If you have any questions about our transition policy or need help asking for a formulary exception, please call OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. We have staff who speak your language.

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in CalOptima Health OneCare depends on contract renewal. Call CalOptima Health OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. Visit us at [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).