

AETNA BETTER HEALTH of VIRGINIA (HMO SNP)

Transition of Coverage Process for Part D Drugs

When you join Aetna Better Health of Virginia (HMO SNP) Plan and you learn that we do not cover a prescription drug you were taking before you joined our Plan, you may be able to get a temporary fill of up to a 30-day supply of that prescription drug (or less, as prescribed) at a retail pharmacy. This gives you the opportunity to work with your doctor to complete a successful transition to your new coverage year and avoid disruption in your treatment. This is called the Transition of Coverage (TOC) process. If you receive a transition fill for a drug, we will send you a letter explaining that the drug was filled under the transition of coverage process. The letter will explain the action you can take to get approval for the drug or how to switch to another drug on the plan formulary.

Right to Transition Fill

All members (new and renewing) in a Plan will be equally treated as new members under the Transition Fill policy at the beginning of the new plan year.

If you are a new member and are taking a drug that is not on the Aetna Better Health of Virginia formulary, or is subject to a utilization management requirement or limitation (such as step therapy, prior authorization, or a quantity limit), you are entitled to receive up to a 30-day supply of the Part D drug within the first 90-days of your enrollment. This period of time is called your “transition period”. If your prescription is written for less than 90-day supply, you can get it refilled until you reach the up to a 30-day supply.

Renewing member, who are taking a Part D drug that was removed from the formulary or the drug now has a new utilization requirement or limitation at the beginning of the new plan year, also get a “transition period”. You can get up to a 30-day supply of medication during the first 90-days of the new plan year. If your prescription is written for less than a 30-day supply, you can get it refilled until you reach the up to a 30-day supply.

New and existing members of the Aetna Better Health of Virginia Plan may ask for a Coverage Determination and Exception Request by calling Member Services at **1-855-463-0933** (TTY/TDD: 711), 8 a.m.-8 p.m., 7 days a week.

In general, we will determine your right to a 30-day fill at the pharmacy when you go to fill your prescription. In some situations, we will need to get additional information from your doctor before we can determine if you are entitled to a transition to a 30-day fill.

If you live in a Long Term Care facility, and are entitled to a transition supply, we will allow you to refill your prescription until we have provided you with up to a 98-day supply (unless the prescription is written for less) during your transition period.

You may also be eligible to receive a transition fill outside of your 90-day transition period. For example, you may be eligible to receive a temporary supply of a drug if you experience a change in your “level of care” (i.e., if you have returned home from a stay in the hospital with a prescription for a drug that isn’t on the formulary). There are other situations where you may be entitled to receive a temporary supply of a prescription drug.

It is important that you understand that the transition fill is temporary supply of this drug. Before this supply ends, you should speak to our Plan and/or your physician regarding whether you should change the drug(s) you are currently taking, or request an exception from our Plan to continue coverage of the drug. You, your authorized representative or your provider can ask for an exception request.

- Please [click here](#) to access a copy of the Coverage Determination and Exception Request form.
- Please [click here](#) to access a copy of our plan formulary for a complete listing of covered drugs.

If you have questions about whether you are entitled to a temporary supply of a drug in a particular situation, please call Member Services at **1-855-463-0933** (TTY: 711), 8 a.m.-8 p.m., 7 days a week.