

Transition Plan Process

New Members

Living in the Community

During the first 90 days of your enrollment, if your medication is not on our formulary, requires prior authorization, or is part of a step therapy program, the network pharmacist will dispense a temporary supply of up to 30 days of your medication. If you have a prescription written for fewer days or if a quantity limit exists for safety purposes you can receive multiple refills up to a 30 day supply.

Living in Long-term Care Facility

During the first 90 days of your enrollment, if your medication is not on our formulary, requires prior authorization, or is part of a step therapy program, the network pharmacist will dispense a temporary supply of up to 91-98 days of your medication. If you have a prescription written for fewer days or if a quantity limit exists for safety purposes you can receive multiple refills up to a 91-98 day supply.

Current Members

Living in the Community

If you are a current member affected by a formulary change from one year to the next, during the first 90 days of the new plan year, the network pharmacist will dispense a temporary supply of up to 30 days of your medication. If you have a prescription written for fewer days or if a quantity limit exists for safety purposes you can receive multiple refills up to a 30 day supply.

Living in Long-term Care Facility

If you are a current member affected by a formulary change from one year to the next, during the first 90 days of the new plan year, the network pharmacist will dispense a temporary supply of up to 91-98 days of your medication. If you have a prescription written for fewer days or if a quantity limit exists for safety purposes you can receive multiple refills up to a 91-98 day supply.

After you receive your transition fill, we will send you a letter detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your physician to identify appropriate therapeutic alternatives that are on the Tufts Health Plan Medicare Preferred formulary, an explanation of your right to request a coverage determination and a description of the procedures for requesting a coverage determination. You or your physician may request coverage for non-covered drugs, drugs requiring a prior authorization, or drugs that are part of a step therapy program.