



4350 East Cotton Center Blvd
Building D
Phoenix, Arizona 85040

<DATE>

<MEMBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <MEMBER NAME>:

This letter is to inform you that **Mercy Care Advantage** has provided you with a [*Insert one* <temporary> <limited>] supply of the following prescription[s]: <list medication[s] here>.

<This/These> drug[s] <is/are> either not included on our list of covered drugs (called our formulary) or included on the formulary, but subject to certain limits, as described in more detail further below. Our records indicate that you are a [*Insert one* <new enrollee> or <current enrollee>] affected by formulary changes implemented this year by **Mercy Care Advantage** and that you are within your first 90 days of coverage for this plan year. [*Insert for members who do not reside in an LTC facility:* Therefore, in the outpatient setting, **Mercy Care Advantage** is required to provide a maximum of **30-day supply** of medication. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum **30-day supply** of medication. [*Insert for members who reside in a LTC facility:* Therefore, for a resident of a long term care facility, **Mercy Care Advantage** is required to provide a maximum of **98-day supply** of medication. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum **98-day supply** of medication. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste).

It is important that you understand that this is a [*Insert one* <temporary> or <limited>] supply of this drug. Well before this supply ends, you should speak to **Mercy Care Advantage** and/or your physician regarding whether you should change the drug[s] you are currently taking, or request an exception from **Mercy Care Advantage** to continue coverage of <this/these> drug[s]. You should not assume that any exception you have requested or appealed has been approved just because you get more fills of a drug. When **Mercy Care Advantage** approves exceptions, we send you written notice.

If you need assistance in requesting an exception, or for more information about our transition policy, please call **Member Services** at 1-800-624-3879 or 602-263-3000. TTY users should call 711. We take calls **24 hours**

a day, 7 days a week. Instructions on how to change your current prescription[s], apply for an exception, and appeal a denial are discussed at the end of the letter.

The following is an explanation of why your drug[s] <is/are> not covered or <is/are> limited under **Mercy Care Advantage**.

[Note: Plans may include information about multiple transition supplies on the same notice.]

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is not on our formulary. We will not continue to pay for this drug after you have received the maximum 30-days supply that we are required to cover unless you obtain a formulary exception from **Mercy Care Advantage**.

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is not on our formulary. In addition, we could not provide the full amount that was prescribed, because we limit the amount of this drug that we provide at one time. This is called quantity limits and we impose such limits for safety reasons. In addition to imposing quantity limits as this drug is dispensed for safety reasons, we will not continue to pay for this drug after you have received the maximum 30-days supply that we are required to cover unless you obtain a formulary exception from **Mercy Care Advantage**.

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary, but requires your doctor or other professional who prescribed this drug to satisfy certain requirements before we pay for this drug. This is called prior authorization. Unless you obtain a prior authorization from **Mercy Care Advantage**, we will not continue to pay for this drug after you have received the maximum 30-days supply that we are required to cover.]

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary. However, we will only pay for this drug if you first try other drug(s), specifically<Insert Step 1 drug(s)>, as part of what we call a step therapy program. Step therapy is the practice of beginning drug therapy with what we consider to be a safe and effective, lower cost drug before progressing to other more costly drugs. Unless you try the other drug(s) on our formulary first or you obtain an exception to the step therapy requirement from **Mercy Care Advantage**, we will not continue to pay for this drug after you have received the maximum 30-days supply that we are required to cover.]

Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary. However, we will only pay for this drug if you first try a generic version of this drug. Unless you try the generic drug on our formulary first, or you obtain an exception from **Mercy Care Advantage**, we will not continue to pay for this drug after you have received the maximum 30-days supply that we are required to cover.]

[Note: The following notice is optional, as it technically falls outside the definition of a transition fill. However, we encourage plans to include this in their transition notifications.]

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary. However, we could not provide the full amount that was prescribed because of plan quantity limits. We will not provide more than what our quantity limits permit, which is <insert the QL>, unless you obtain an exception from **Mercy Care Advantage**. Please contact **Mercy Care Advantage** to discuss the exception process. Our contact information is located below.

Note: The following notice is for Emergency Fill and Level of Care Change transitions and is optional. However, we encourage plans to notify beneficiaries of Emergency Fill and Level of Care Change Transitions.

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is not on our formulary. We will cover this drug for **31 days** while you seek to obtain a formulary exception from **Mercy Care Advantage**.

If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made. Please contact **Mercy Care Advantage** for more information regarding our exception process. Our contact information is located below.]

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary and requires prior authorization. We will cover this drug for **31 days** while you seek to obtain an exception to the prior authorization from **Mercy Care Advantage**. Please contact **Mercy Care Advantage** to discuss the exemption process. Our contact information is located below.]

[Name of Drug: <name of drug>

Date Filled: <date filled>

Reason for Notification: This drug is on our formulary, but will be covered only if you first try certain other drugs as part of what we call our step therapy program. Step therapy is the practice of beginning drug therapy with what we consider to be a safe and effective, lower cost drug before progressing to other more costly drugs. We will cover this drug for **31 days** while you seek to obtain an exception to the step therapy requirement from **Mercy Care Advantage**. Please contact **Mercy Care Advantage** to discuss the exception process. Our contact information is located below.]

How do I change my prescription?

If your drug[s] <is/are> not on our formulary, or is on our formulary, but we have placed a prior authorization, step therapy, or quantity limit on it, you can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, we encourage you to ask your doctor if these drugs that we cover are an option for you. If your doctor tells you that none of the drugs we cover for treating your condition is medically appropriate, you have the right to request an exception from us to cover the drug that was originally prescribed. You also have the right to request an exception if your doctor tells you that a prior authorization, quantity limit, or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

How do I request an exception?

The first step in requesting an exception to our coverage rules is for you to ask your prescribing doctor to contact us.

Mercy Care Advantage
Part D Coverage Determination
Pharmacy Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Phone: 1-800-624-3879
Fax: 1-855-230-5544

Your doctor must submit a statement supporting your request. It may be helpful to take this notice with you to the doctor or submit it to his or her office. The doctor's statement must indicate that the requested drug is medically necessary for treating your condition, because none of the drugs on our formulary would be as effective as the requested drug or would have adverse effects for you. If the exception request involves a prior authorization, quantity limit, or other limit we have placed on a formulary drug, the doctor's statement must indicate that the prior authorization, or limit, would not be appropriate given your condition or would have adverse effects for you.

Once the physician's statement is submitted, we must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request. Your request will be expedited if we determine, or your doctor informs us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

What if my request is denied?

If your request is denied, you have the right to appeal by asking for a review of the prior decision. You must request this appeal within 60 calendar days from the date of our first decision. We accept standard requests by telephone and in writing. We accept expedited requests by telephone and in writing.

Mercy Care Advantage Appeals Department
4350 East Cotton Center Blvd, Building D
Phoenix, AZ 85040
Phone: 602-453-6098 or 1-800-624-3879
Fax: 602-351-2300

If you need assistance in requesting an exception or for more information about our transition policy (including alternate format or languages regarding this policy), please contact us at Mercy Care Advantage, at 1-800-624-3879 or 602-263-3000, TTY users should call 711, 24 hours a day, 7 days a week or visit www.mercycareadvantage.com.

Sincerely,

Mercy Care Advantage

Mercy Care Advantage (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

This information is available for free in other languages. Please contact our Member Services number at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711) for additional information. Hours of operation: 24 hours a day, 7 days a week. Esta información está disponible gratis en otros idiomas. Por favor comuníquese a nuestro número de Servicios al Miembro al 602-263-3000 o 1-800-624-3879 (TTY/TDD 711) para información adicional. Horas de servicio: 24 horas al día, 7 días a la semana.