

CIGNA Medicare Rx Part D Prescription Drug Plan 2009 Transition Policy for Current and New Enrollees

CIGNA Medicare Rx wants to ensure our beneficiaries, either a new or existing member, safely transition into the 2009 plan year. Beneficiaries' ability to receive a drug he or she is currently taking may be limited if it requires exception review and authorization before it can be filled due to prior authorization, quantity limits, step therapy requirements, or when confirmation of your clinical history is needed.

Formulary Changes

The presence of medications and/or their tier placement on the 2009 CIGNA Medicare Rx Part D formulary may have changed from 2008. The CIGNA Medicare Rx Part D formulary for 2009 will cover an extensive array of medications to treat many indications. In some instances medications that have either a direct generic equivalent or a therapeutic alternative on our formulary may not be covered. Some medications may also be subject to step therapy, prior authorization, quantity limitations, or further clinical review. New and existing members who are negatively affected by any formulary restrictions in 2009 will be extended coverage on their medication through the CIGNA Medicare Rx transitional benefit policy as described below.

New Members One-Time Transition Supply

As a new member in our plan, you may currently be taking drugs that are on our formulary but your ability to get them may be limited. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary without limitations. If there are no appropriate alternative therapies on our formulary without limitations, you or your doctor may request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial 31-day transition supply of the drug anytime during the first 90 days you are a member of our plan.

For each of your drugs that have a limitation, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day transitional supply, we may not continue to pay for these drugs under the transition policy.

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If the drug you need is subject to a coverage review, and you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Continuing Members from 2008

As a continuing member in the plan, you should have received your Annual Notice of Change (ANOC) by October 31st. You may notice that a formulary medication which you are currently taking is either carrying a different cost sharing, has limited coverage or subject to prior authorization, quantity limits or step therapy in the upcoming year, due to formulary changes.

In this case, you must work with your doctor to either find an appropriate alternative therapy on our new formulary or request a formulary exception prior to January 1, 2009. If the exception request is approved, we will authorize payment prior to January 1st and provide coverage beginning January 1st.

If you do not receive approval for your formulary exception request prior to January 1, 2009, you may be eligible to receive an initial 31-day transition supply while you continue to work with your doctor to find an appropriate alternative therapy.

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days of 2009.

Level of Care Changes

An extended transition process is provided to circumstances involving level of care changes in which a beneficiary is changing from one treatment setting to another. An override for the refill too soon edit would be provided to allow appropriate coverage. Since there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while going through the exception process, our transition policy would allow coverage of one fill with up to a 31-day supply of medication