

Medicare Drug Plan Exceptions

Getting the Most from Your Drug Plan

You may find that your new Medicare Part D prescription drug plan has special rules about some of the prescriptions you take.

That's not unusual. You just need to know the rules on how to file for an exception.

Medicare requires every plan to have steps in place for you to seek an exception to the plan rules. This booklet is designed to help you understand the most common situations and what you need to do to find out if your plan will grant an exception to its rules regarding coverage for your drug.

There are three common situations you may face:

- Prior authorization
- Step Therapy
- Quantity Limits

In each situation you will need the doctor who prescribed the drug to assist you in seeking an exception. You can't do it alone.

So the very first step for EVERY SITUATION is to contact your doctor who prescribed the medication.



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Step Therapy

If you are taking an expensive or brand name drug and there are less expensive drugs available that may be just as effective your plan may require you to follow a step-therapy regimen. The plan will ask you and your doctor to first try a certain less-expensive drug on the plan's formulary (drug list) that's proven effective for most people with your condition before you can move up a "step" to a more expensive drug.

For example, you might be required to first try a generic drug (if available), then a less expensive brand-name drug on their drug list before you can get a similar, more expensive, brand-name drug covered. Your doctor must file documents with this request.

So the very first step for EVERY SITUATION is to contact the doctor who prescribed the medication. You can't do this alone.

Request an Exception

1. Let your doctor know right away that your plan requires an exception request for the drug prescribed.
2. If you and your doctor decide this is the drug you need, then usually the DOCTOR must file a form with the plan (some plans have an easy online submission). Some plans allow you to file the form with a doctor's statement attached.
3. If your doctor files for the exception, give your doctor the name of your plan and your plan membership number.

Prior Authorization

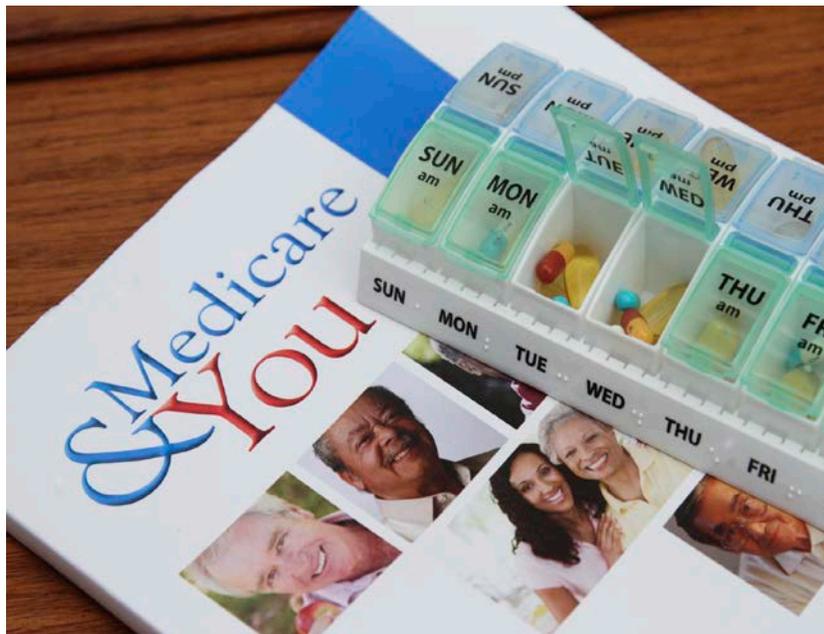
If the prescription you take requires prior authorization that means that before the plan will cover a particular drug, your doctor must first show the plan it's medically necessary for you to have that drug.

Plans also do this to be sure these drugs are used correctly.

Your doctor will need to file a prior authorization form with the plan on your behalf and explain why the drug is medically necessary for you. The prior authorization form and instructions for your prescriber are on the plan's website. Some plans have an online system that allows the health care professional to put the data directly into the system.

A request for prior authorization is generally returned within 72 hours, but varies by insurance company. If your request is urgent, there is a phone number on your plan information or on the company website for you to contact the insurance company.

Generally a prior authorization will last for a year. You and your doctor may need to file a new request at the beginning of each year. Check with the plan for their requirements.



Transition Rules

What if you were just prescribed this drug or you just changed plans and your new plan requires you to file for an exception for the drug you are taking?

Usually, your drug plan will give you a one-time, temporary supply of your current drug during your first 90 days in a plan. Plans must give you this temporary supply so that you and your doctor have time to find another drug on the plan's formulary (drug list) that will work as well as what you're taking now or you or your doctor can contact the plan to ask for an exception.

However, if you already tried similar drugs on your plan's drug list and they didn't work, or if your doctor decides you need a certain drug because of your medical condition, contact the plan to ask for an exception as soon as your coverage begins.

Also, ask for an exception if your doctor thinks you need to have a coverage rule waived, like a quantity limit. If the plan agrees to your request, it'll cover the drug. If your plan doesn't agree to the exception, you can appeal the plan's decision.

There may be different rules for people who move into or already live in an institution (like a nursing home or long-term care hospital).

The Longevity Difference

Buying insurance is a pain. No matter how smart you are, the silly details, weird language and fine print make it difficult to understand what to do, when to do it or whether to trust the advice you get...unless...you work with a company designed from the start to make things simple, objective and verifiable.

We're different.

At Longevity, even our philosophy is simple: pay your people for doing the right things, the right way, and consumers will get the right results.

You deserve to know you have the right coverage and that you didn't pay too much for it. When things change or seem to go wrong, and they will, you need someone on your side.

Whether you have questions about your coverage or concern about the cost and coverage, give us a call. We're here to help. 800-713-6250

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Simple|Objective|Right



New Drug?

It happens all the time. You purchased your plan based on a list of drugs and then your situation changes and a new drug is added to your list. If the drug is not covered or the costs are very high, speak with your doctor and see if there is an alternative drug that can be prescribed that is covered by your plan. If not, ask your doctor to file for an exception with the drug plan that the drug he/she wants to prescribe is medically necessary for your condition. See the links below.

Next Time You Can Change Plans

Remember, the Medicare annual enrollment period – Oct. 15 – Dec. 7 – is when most people are able to change drug plans. But if you move, you also might have an opportunity to change plans. Check with Longevity Alliance anytime your situation changes and we'll advise you about your options and when you are next eligible to change your drug plan.

Each year we'll contact you in August or September to ask you if you want a Quick Check, update your prescription list and get ready for the start of annual enrollment on Oct. 15.

Resources and Links about Drug Plan Exceptions

Medicare Resources

[Medicare.gov](http://www.Medicare.gov)

[Medicare Publication: Pharmacies, Formularies and Common Rules](#)

Medicare Part D Plan Links for Drug Exceptions

[AARP UHC Medicare Part D Plans](#)

[Aetna/Coventry Medicare Part D Plans](#)

[First Health Medicare Part D Plans](#)

[SILVERSCRIPT Medicare Part D Plans](#)

[Wellcare Medicare Part D Plans](#)

Need assistance or information about a different plan? Send us your question at review@longevityalliance.com.