



Medicare Advocacy Project

Protecting your medicare rights.

THIS FLIER IS FOR INFORMATIONAL PURPOSES ONLY AND CURRENT AS OF 3/1/07

Medicare Part D is a huge change in prescription drug coverage, but the Medicare Advocacy Project and others can help you as you make the change.

For free legal help, call the Medicare Advocacy Project at 1-800-323-3205.

My Medicare drug plan won't cover my drug. What can I do?

Is the drug the kind that Medicare plans cover?

First make sure that your drug is the kind of drug that Medicare drug plans cover. There are some kinds of drugs which most Medicare drug plans do not cover including:

- **benzodiazepines** (such as xanax, ativan, klonopin, lorazepam, serax, etc.)
- **barbiturates**, or
- **over the counter medications**, except for insulin.

Medicare drug plans are not required to cover these drugs and generally don't cover them. Appealing will not help. If you have MassHealth coverage, your MassHealth will continue to cover benzodiazepines, barbiturates, and some over the counter drugs. If you have Prescription Advantage coverage, it will continue to cover benzodiazepines.

Find out why the plan isn't covering the drug:

Ask the pharmacist. If the pharmacist doesn't know, call the plan. The pharmacist should be able to tell you the telephone number for your plan if you don't know it.

The plan may not cover the drug because it is not in its formulary (the list of drugs that it covers). The plan could also deny coverage for a drug because:

- your doctor has to get permission from the plan to prescribe it (prior approval);
- you have to try other drugs first (step therapy); or
- your prescription is for an amount that exceeds the plan's limit on that drug (quantity limit)

If it is a drug that you are already taking, you should be able to get your prescription filled once under the plan's **transition policy**, so that you have time to change drugs or request an exception. MassHealth and Prescription Advantage also have transition policies for their members which presently will cover a one time 72 hour supply of each drug. Some pharmacies do not know about the transition policies. Call the Medicare Advocacy Project for help with this.

Call your doctor:

Ask your doctor if there is another drug that will work just as well and that is covered by your plan.

- If not, ask your doctor to help get your plan to cover the drug you need.
- If prior approval is required, ask your doctor to seek prior approval.
- For step therapy, ask if you should try the other drug first.

If your doctor believes that you need a drug or an amount of a drug that your plan will not cover, ask your doctor to help you request an **exception**.

Request an exception:

You can request an exception to:

- Cover a drug not on the plan's formulary
- Cover a drug in a different dosage or format than the plan covers
- Cover a larger quantity than the plan covers
- Eliminate step therapy requirements for a drug
- Lower the cost sharing for a drug

To get an exception, you must show that:

- all the drugs on the plan's formulary would not be as effective as the non-formulary drug; or
- they would have adverse effects;

To get an exception you **must** have your doctor's support.

The plan must respond within 72 hours in most cases, and within 24 hours, if your doctor says that taking 72 hours could seriously jeopardize your life or health or your ability to regain maximum function.

You have appeal rights

- If the plan denies your request for an exception you can appeal within 60 days.
- There are several levels of appeal: redetermination, reconsideration, Administrative Law Judge, Medicare Appeals Council and Federal Court
- Save your receipts if you purchase the drug, so that you can be reimbursed.
- Call the Medicare Advocacy Project at 1-800-323-3205 for help with an appeal.

Consider changing plans

- Different Medicare drug plans have different formularies, so there may be a plan that covers the drugs that you need without having to request an exception or appeal.
- If you have MassHealth coverage or if MassHealth pays your Medicare premium, you can change plans at any time to be effective the first of the next month.
- If you reside in or enter a long term care facility, you can change plans at any time to be effective the first of the next month.
- If you receive a low income subsidy or "extra help" in paying the cost of your Medicare drug plan, you can change plans once during 2007
- Everyone can change plans between November 15, 2007 and the end of the year to be effective January 1, 2008