



My Medicare Prescription Drug Plan Isn't Covering My Medications! What Can I Do?

Part D is Medicare's outpatient prescription drug benefit. It is offered by a private health insurance company, in combination with Parts A and B (Original Medicare) or as part of a Medicare Advantage Plan. Plans differ in terms of what medications and pharmacies they will cover. Plans also differ in terms of what steps it takes to obtain the medications they cover.

Note: Part B, the medical insurance benefit portion of Medicare, covers some outpatient prescription drugs, typically provided in a doctor's office or hospital setting.

Steps to Take If Medicare Won't Cover Your Medication:

(1) Find out if Medicare is allowed to cover your drug.

Certain drugs are excluded from Medicare coverage:

- Drugs used to treat anorexia, weight loss, or weight gain;
- Fertility drugs;
- Drugs used for cosmetic purposes or hair growth;
- Drugs that are only for the relief of cold or cough symptoms;
- Drugs used to treat erectile dysfunction;
- Prescription vitamins and minerals; and,
- Over-the-counter drugs.

Although there are some exceptions for these exclusions, Medicare drug plans are generally not required to cover these drugs and plans usually do not cover them.

(2) Find out why the plan isn't covering the drug.

Ask your pharmacist why your medication isn't covered. If the pharmacist doesn't know, he or she should be able to give you the telephone number of your plan. Call the Plan. The plan may not be covering the drug because:

- It is not on the list of drugs that it covers (its "**formulary**");
- 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 you are already taking the prescribed medication, you should be able to get your prescription filled once under the plan's **transition policy**, giving you time to change drugs or request an exception. MassHealth also has a **transition policy** for their members which will cover a one-time 72-hour supply of each drug.

In most cases, Medicare Part D will only cover medications that are available by prescription, approved by the Food and Drug Administration (FDA), and medically necessary for a "medically accepted indication." If a medication is prescribed for a condition that is not approved by the FDA, this is considered an "**off-label**" use.

(3) Call your doctor.

Ask your doctor if there is a covered drug on the **formulary** that will work just as well for you. 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 plan's suggested other drug first. If your doctor

believes that you need a drug or a quantity of a drug that your plan will not cover, ask your doctor to help request an **exception**. Most of the forms necessary to make these requests can be found on your plan's website.

(4) 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;
- Cover a larger quantity than the plan covers;
- Eliminate step therapy requirements; or,
- Lower a drug's cost sharing amount.

To win 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** that 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, health, or ability to regain maximum function.

(5) Exercise your appeal rights.

If the plan denies your request for an exception you can appeal within 60 days of the denial. Be sure to save your receipts if you purchase the drug, so you can be reimbursed if you win your appeal.

(6) Look for other coverage options.

(a) Different Part D plans cover different drugs, so one might cover the drugs that you need without an exception or appeal.

- If you have MassHealth coverage or if you receive Extra Help, you can change your plan once per quarter during the first three quarters of the year. Your plan change is effective the first day of the month following the month in which you change your plan.
- If you are a Prescription Advantage member, you can change your plan once per year.
- Other special events may allow you to change your prescription drug plan, so consult with a SHINE counselor (Serving the Health Insurance Needs of Everyone, **800-243-4636**) if you have questions.
- Everyone can change plans between October 15 and December 7 for the change to be effective the following January 1.

(b) Patient Assistance Programs may be available to help you find affordable ways to purchase your medication. You can get help searching for a Patient Assistance Program by contacting:

- The MCPHS Pharmacy Outreach Program (<https://www.mcphs.edu/patient-clinics/pharmacy-outreach-program> or **866-633-1617**);
- The Partnership for Prescription Assistance (<http://www.pparx.org>); and,
- RxAssist (<http://www.rxassist.org>).

**Questions? Need Legal Help?
Call the Medicare Advocacy Project to Apply for Free Legal Assistance:**

Greater Boston Legal Services 617-603-1700 Serving Essex, Middlesex, Norfolk, and Suffolk Counties	Community Legal Aid 855-252-5342 Serving Berkshire, Franklin, Hampden, Hampshire, and Worcester Counties	South Coastal Counties Legal Services 800-244-8393 Serving Barnstable, Bristol, Dukes, Nantucket, and Plymouth Counties
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