



Transitioning to Your New Part D Plan

At the end of each year, during the Annual Coordinated Election Period from November 15 to December 31, people with Medicare can switch Part D prescription drug plans or enroll in Part D for the first time. If you made a change at the end of 2009, your new plan will take effect on January 1, 2010.

In order to avoid surprises at the pharmacy, you should review your new drug plan's rules. Before you go to the pharmacy, find out if your drugs will be covered. When your doctor writes you a prescription, ask him or her to check for you. If your doctor does not have time, call your plan yourself or check your plan's web site. Also find out whether there are any restrictions on coverage, such as:

- **Prior Authorization**, which requires you to get permission from the plan before a drug will be covered;
- **Step Therapy**, which requires you to try a cheaper drug before a more expensive one will be covered; **or**;
- **Quantity Limits**, which limit how much of a drug will be covered.

If your new Part D plan will not cover one or more of your drugs or restricts coverage in any way, ask your pharmacist to fill out your prescription through your plan's transition policy for new members. **Every drug plan must have a transition policy to ensure that new members have uninterrupted access to drugs they were already taking before they joined. Your plan's transition policy must cover at least one 30-day supply of drugs not on the formulary and override plan restrictions (such as prior authorization, quantity limits or step therapy) within the first 90 days you are enrolled in the plan.** The pharmacist may need to ask the plan for its override code in order to bill correctly.

Transition fills are temporary. Take action immediately. Discuss your medications with your doctor and ask if any generic or lower-cost alternatives that are covered without restrictions would work for you. This way you will ensure that you continue getting the medications you need after your transition period has ended.

If only the prescribed drug will work for you, then you must **ask the plan for an "exception" to its formulary** so it will cover the drug you need. Your doctor should certify in writing that the drugs covered by your plan are not as

effective as the prescribed drug or may be harmful to you. If your drug plan restricts coverage for the drug you need and the quantity that works for you, you should have your doctor ask the plan to override the restriction. This way you will be able to get your prescription filled for the rest of the year without making any other requests. To get an override, your doctor will need to ask your plan for an "exception."

You can lower your costs by using a preferred, in-network pharmacy. Many drug plan pharmacy networks include both "preferred" and "nonpreferred" pharmacies. At preferred pharmacies, you may pay less for your prescriptions than at nonpreferred pharmacies.

If your new Part D plan is still not adequately covering the drugs you need, you may be able to switch plans. Most people can only switch each year during the Annual Coordinated Election Period (from November 15 to December 31). If you have Medicaid, Extra Help—the federal program that helps pay most of the costs of the Medicare drug benefit—or are in a nursing home, you can switch plans once a month.

If you were misled into joining your plan because a plan representative or insurance agent told you a medication would be covered without restrictions, and it is not, you should be able to switch to another plan at any time during the year. You should also file a complaint with your plan for misleading you.

To learn more about prescription drug coverage under Medicare Part D, log on to Medicare Interactive Counselor at www.medicareinteractive.org. Medicare Interactive Counselor is a resource provided by the Medicare Rights Center, the largest independent source of health care information and assistance in the United States for people with Medicare.