

How Do I Get the Most Out of My New Private Medicare Drug Plan



Make Sure Your Drugs Are Covered.

- When your doctor writes you a prescription, find out if that drug will be covered **before you go to the pharmacy**. Ask your doctor to check for you. If your doctor does not have time, call your plan yourself.
- Discuss your list of medications with your doctor and ask if there are **generic alternatives** that would work for you. Generics cost less and work well.

If Your Drugs Are Not Covered...

- **Know your plan's transition policy.**

Every drug plan must have a **transition policy** to ensure that new members have uninterrupted access to drugs they were already taking when they joined.



If you are refilling a prescription you were taking before, and it's not on your plan's list of covered drugs (formulary), ask your pharmacist to fill it through your plan's **transition or temporary first fill** policy. Transition policies vary, but most **cover a one-time 30-day supply of drugs that are not on the formulary** and override plan restrictions (such as step therapy and quantity limits). Tell the pharmacist to ask the plan for its override code so he can bill for the prescription.

- **Ask your doctor to change your prescription to a covered drug.**
- **If no covered drug will work for you, ask the plan for an "exception" to its formulary so it will cover the drug you need.**

Your doctor must certify that the drugs covered are not as effective or may be harmful to you. If a plan denies your request, you can appeal the decision.

- **Change plans.**

This year, you can switch plans once between Jan. 1 and May 15. After that, most people can only switch during the annual coordinated election period, which runs each year from Nov. 15 to Dec. 31. If you have Medicaid, a Medicare Savings Program, or are in a nursing home, you can switch plans once a month.