



## Medicare Part D 2007

### Problem-Solving Update: Maximizing Coverage in 2007

Take the following steps to maximize coverage under Part D:

1. Request a transition supply of a prescribed non-formulary medication.
2. Seek appropriate alternatives to the prescribed medication on the Plan formulary.
3. If no covered medication is appropriate, request an exception to the Plan formulary.
4. If necessary, consider changing Plans.

#### **Step 1: Request a transitional supply of medications:**

##### New Members of a Plan in 2007

If patients are taking medications that were prescribed prior to enrollment in a new Part D Plan, the new Plan should cover a 30-day transition supply of the medication any time during the first 90 days of enrollment. This includes medications that are not on the Plan formulary or have limited access (prior authorization, step therapy, quantity limits).

##### Continuing Members of a Plan in 2007

Plan members who are adversely affected by formulary changes in 2007 are entitled to a 30-day transitional supply of the affected medication(s) during the first 90 days of 2007. This includes medications that were removed from the plan formulary, and those subject to new restrictions including prior authorization, step therapy or quantity limits.

*Tip: If there is a problem at the pharmacy obtaining a transitional supply, the pharmacist should call CMS Region IX, at 415-744-3628.*

#### **Step 2: Seek an alternative to the prescribed medication:**

Review alternative medications that are covered by the Plan, and discuss options with the pharmacist and the physician.

#### **Step 3: Request an Exception to the Plan's formulary**

Complete a "Coverage Determination" request form (available on Medpin web site). Include a statement of medical necessity, signed by the physician. Submit the form to the Plan. The Plan has 72 hours to make a determination after receiving the letter, or 24 hours if an expedited review is requested (see checkbox on the form).

If an exception is denied, contact HICAP (1-800-434-0222) for assistance in appealing the decision. HICAP may also refer to local legal advocacy organizations.

*For tips on requesting an exception, see the link on the Medpin web site to NSCLC's guide to exceptions and appeals.*

#### **Step 4: Consider changing Plans**

Review Enrollment Options and if allowed to change plans, use [www.medicare.gov](http://www.medicare.gov) to compare Plans. Plan changes go into effect the month after the new enrollment process is completed.