Chapter 5: Getting your outpatient prescription drugs   
through the plan

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1."   
An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

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Introduction

This chapter explains rules for getting your *outpatient prescription drugs.* These are drugs that your provider orders for you that you get from a pharmacy [*plans insert:* or by mail order]. They include drugs covered under Medicare Part D and Medical Assistance (Medicaid). [Plans with no cost sharing, delete the next sentence.] Chapter 6 [plans may insert reference, as applicable] tells you what you pay for these drugs*.*

<Plan name> also covers the following drugs, although they will not be discussed in this chapter:

* Drugs covered by Medicare Part A. These include some drugs given to you while you are in a hospital or nursing facility.
* Drugs covered by Medicare Part B. These include some chemotherapy drugs, some drug injections given to you during an office visit with a doctor or other provider, and drugs you are given at a dialysis clinic. To learn more about what Medicare Part B drugs are covered, see the Benefits Chart in Chapter 4 [plans may insert reference, as applicable].
* In addition to the plan’s Medicare Part D and medical benefits coverage, your drugs may be covered by Original Medicare if you are in Medicare hospice. For more information, please see Chapter 5, Section F (*If you are in a Medicare-certified hospice program*)*.*

## Rules for the plan’s outpatient drug coverage

The plan will usually cover your drugs as long as you follow the rules in this section.

1. You must have a doctor or other provider write your prescription. This person often is your primary care [insert as appropriate: physician **or** provider] (PCP). [Plans may modify or delete the next sentence as appropriate.] It could also be another provider if your primary care [insert as appropriate: physician **or** provider] has referred you for care.
2. Your prescriber must either accept Medicare or file documentation with CMS showing that he or she is qualified to write prescriptions. You should ask your prescribers the next time you call or visit if they meet this condition.
3. You generally must use a network pharmacy to fill your prescription.
4. Your prescribed drug must be on the plan’s *List of Covered Drugs*. We call it the “Drug List” for short.

* If it is not on the Drug List, we may be able to cover it by giving you an exception. See Section D (*Why your drug might not be covered*) to learn about asking for an exception.

1. Your drug must be used for a *medically accepted indication.* This means that the use of the drug is either approved by the Food and Drug Administration or supported by certain reference books.

# Getting your prescriptions filled

## Fill your prescription at a network pharmacy

In most cases, the plan will pay for prescriptions *only* if they are filled at the plan’s network pharmacies. A *network pharmacy* is a drug store that has agreed to fill prescriptions for our plan members. You may go to any of our network pharmacies.

To find a network pharmacy, you can look in the *Provider and Pharmacy Directory*, visit our website, or contact Member Services at the number at the bottom of this page [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

If you don’t have the Provider and Pharmacy Directory, you can get a copy by contacting Member Services at the number at the bottom of this page.

At any time, you can get up-to-date information about changes in the pharmacy network on our website at <website>. [*Plans may add detail describing additional information about network pharmacies available from Member Services or on the Web site.*]

## Show your Member ID Card when you fill a prescription

To fill your prescription, **show your Member ID Card** at your network pharmacy. The network pharmacy will bill the plan for [plans with cost sharing, insert: our share of the cost of] your covered prescription drug. [Plans with no cost sharing, delete the next sentence:] You will need to pay the pharmacya [copayment/copay] when you pick up your prescription.

If you do not have your Member ID Card with you when you fill your prescription, ask the pharmacy to call the plan to get the necessary information.

If the pharmacy is not able to get the necessary information, *you may have to pay the full cost of the prescription when you pick it up.* You can then ask us to pay you back [insert if the plan has cost sharing: for our share]. If you cannot pay for the drug, contact Member Services right away. We will do what we can to help.

* To learn how to ask us to pay you back, see Chapter 7 [plans may insert reference, as applicable].

**NOTE:** If the drug is covered by Medical Assistance (Medicaid), we do not allow <plan name> providers to bill you for these drugs. We pay our providers directly, and we protect you from any charges. This is true even if we pay the provider less than the provider charges. If you paid for a drug that you think we should have covered, contact Member Services at the number at the bottom of this page.

* If you need help getting a prescription filled, you can contact Member Services at the number at the bottom of this page [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

**What if you want to change to a different network pharmacy?**

[Plans in which members do not need to take any action to change their pharmacies may delete the following sentence.] If you change pharmacies and need a refill of a prescription, you can [insert as applicable: either ask to have a new prescription written by a provider or] ask your pharmacy to transfer the prescription to the new pharmacy.

If you need help changing your network pharmacy, you can contact Member Services [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

## What if the pharmacy you use leaves the network?

If the pharmacy you use leaves the plan’s network, you will have to find a new network pharmacy.

To find a new network pharmacy, you can look in the *Provider and* *Pharmacy Directory*, visit our website, or contact Member Services [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

## What if you need a specialized pharmacy?

Sometimes prescriptions must be filled at a *specialized pharmacy.* Specialized pharmacies include:

* Pharmacies that supply drugs for home infusion therapy. [Plans may insert additional information about home infusion pharmacy services in the plan’s network.]
* Pharmacies that supply drugs for residents of a long-term care facility, such as a nursing home. Usually, long-term care facilities have their own pharmacies. If you are a resident of a long-term care facility, we must make sure you can get the drugs you need at the facility’s pharmacy. If your long-term care facility’s pharmacy is not in our network, or you have any difficulty accessing your drug benefits in a long-term care facility, please contact Member Services. [Plans may insert additional information about LTC pharmacy services in the plan’s network.]
* Pharmacies that serve the Indian Health Service/Tribal/Urban Indian Health Program. Except in emergencies, only Native Americans or Alaska Natives may use these pharmacies. [Plans may insert additional information about I/T/U pharmacy services in the plan’s network.]
* Pharmacies that supply drugs requiring special handling and instructions on their use.

To find a specialized pharmacy, you can look in the *Provider and* *Pharmacy Directory*, visit our website, or contact Member Services [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

## Can you use mail-order services to get your drugs?

[Plans that do not offer mail-order services, replace the information in this section with the following sentence: This plan does not offer mail-order services.]

[Include the following information only if your mail-order service is limited to a subset of all formulary drugs, adapting terminology as needed: For certain kinds of drugs, you can use the plan’s network mail-order services. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. [Insert if plan marks mail-order drugs in formulary: The drugs available through our plan’s mail-order service are marked as mail-order drugs in our Drug List.] [Insert if plan marks non-mail-order drugs in formulary: The drugs that are not available through the plan’s mail-order service are marked with [plans should indicate how these drugs are marked] in our Drug List.]

Our plan’s mail-order service [insert as appropriate: allows **or** requires] you to order [insert as appropriate: at least a <number of days>-day supply of the drug and no more than a <number of days>-day supply **or** up to a <number of days>-day supply **or** a <number of days>-day supply]. A <number of days>-day supply has the same [copayment/copay] as a one-month supply.

***How do I fill my prescriptions by mail?***

To get [insert if applicable: order forms and] information about filling your prescriptions by mail, [insert instructions].

Usually, a mail-order prescription will get to you within <number of days> days. [Insert plan’s process for members to get a prescription if the mail order is delayed.]

***How will the mail-order service process my prescription?***

The mail-order service has different procedures for new prescriptions it gets from you, new prescriptions it gets directly from your provider’s office, and refills on your mail-order prescriptions:

**1. New prescriptions the pharmacy gets from you**

The pharmacy will automatically fill and deliver new prescriptions it gets from you.

[Plans should include the appropriate information below from the following options, based on 1) whether the plan is operating under the exception for new prescriptions described in a December 12, 2013 HPMS memo entitled “Clarification to the 2014 Policy on Automatic Delivery of Prescriptions,” and 2) whether the plan offers an optional automatic refill program.]

[For **new prescriptions** received directly from health care providers, insert one of the following two options.]

[Plan sponsors operating under the auto ship policy as described in the 2014 Final Call Letter (all new prescriptions from provider offices must be verified with the beneficiary before filled), insert the following:]

**2. New prescriptions the pharmacy gets directly from your provider’s office**

After the pharmacy gets a prescription from a health care provider, it will contact you to see if you want the medication filled immediately or at a later time. This will give you an opportunity to make sure the pharmacy is delivering the correct drug (including strength, amount, and form) and, if needed, allow you to stop or delay the order before [plans with cost sharing for drugs, insert: you are billed and] it is shipped. It is important that you respond each time you are contacted by the pharmacy, to let them know what to do with the new prescription and to prevent any delays in shipping.

[Plan sponsors operating under the exception to the auto ship policy as described in the 12/12/2013 HPMS memo (new prescriptions received directly from provider offices can be filled without beneficiary verification when conditions are met), insert the following:]

**2. New prescriptions the pharmacy gets directly from your provider’s office**

The pharmacy will automatically fill and deliver new prescriptions it gets from health care providers, without checking with you first, if either:

* You used mail-order services with this plan in the past, or
* You sign up for automatic delivery of all new prescriptions you get directly from health care providers. You may ask for automatic delivery of all new prescriptions now or at any time by [insert instructions].

[Plans with no cost sharing for drugs, delete the following sentence:] If you get a prescription automatically by mail that you do not want, and you were not contacted to see if you wanted it before it shipped, you may be eligible for a refund.

If you used mail order in the past and do not want the pharmacy to automatically fill and ship each new prescription, please contact us by [insert instructions].

If you have never used our mail-order delivery and/or decide to stop automatic fills of new prescriptions, the pharmacy will contact you each time it gets a new prescription from a health care provider to see if you want the medication filled and shipped immediately. This will give you an opportunity to make sure that the pharmacy is delivering the correct drug (including strength, amount, and form) and, if necessary, allow you to cancel or delay the order before [plans with cost sharing for drugs, insert: you are billed and] it is shipped. It is important that you respond each time you are contacted by the pharmacy, to let them know what to do with the new prescription and to prevent any delays in shipping.

To opt out of automatic deliveries of new prescriptions you got directly from your health care provider’s office, please contact us by [insert instructions].

[For **refill prescriptions**, insert one of the following two options.]

[Plans that do not offer a program that automatically processes refills, insert the following:]

**3. Refills on mail-order prescriptions**

For refills, please contact your pharmacy [insert recommended number of days]days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.

[Plans that do offer a program that automatically processes refills, insert the following:]

**3. Refills on mail-order prescriptions**

For refills of your drugs, you have the option to sign up for an automatic refill program [optional: called <insert name of auto refill program>]*.* Under this program we will start to process your next refill automatically when our records show you should be close to running out of your drug. The pharmacy will contact you before shipping each refill to make sure you need more medication, and you can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use our auto refill program, please contact your pharmacy [insert recommended number of days]days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.

To opt out of our program [optional: insert name of auto refill program instead of “our program”]that automatically prepares mail-order refills, please contact us by [insert instructions].

[All plans offering mail-order services, insert the following:]

So the pharmacy can reach you to confirm your order before shipping, please make sure to let the pharmacy know the best ways to contact you. [Insert instructions on how enrollees should provide their communication preferences.]

## Can you get a long-term supply of drugs?

[Plans that do not offer extended-day supplies, replace the information in this section with the following sentence: This plan does not offer long-term supplies of drugs.]

You can get a long-term supply of *maintenance drugs* on our plan’s Drug List. *Maintenance drugs* are drugs that you take on a regular basis, for a chronic or long-term medical condition. [Insert if applicable: When you get a long-term supply of drugs, your copayment/copay may be lower.]

[Delete if plan does not offer extended-day supplies through network pharmacies.] <Some/Most> network pharmacies allow you to get a long-term supply of [*insert if applicable:* some] maintenance drugs. A <number of days>-day supply has the same [copayment/copay] as a one-month supply. The *Provider and* *Pharmacy Directory* tells you which pharmacies can give you a long-term supply of maintenance drugs. You can also call Member Services at the number at the bottom of this page for more information.

[Delete if plan does not offer mail-order service.] [Insert as applicable: For certain kinds of drugs, you **or** You] can use the plan’s network mail-order services to get a long-term supply of maintenance drugs. See the section above [plans may insert reference, as applicable] to learn about mail-order services.

## Can you use a pharmacy that is not in the plan’s network?

Generally, we pay for drugs filled at an out-of-network pharmacy *only* when you are not able to use a network pharmacy. [Insert as applicable: We have network pharmacies outside of our service area where you can get your prescriptions filled as a member of our plan.]

We will pay for prescriptions filled at an out-of-network pharmacy in the following cases:

* [Plans should insert a list of situations when they will cover prescriptions out of the network (e.g., during a declared disaster) and any limits on their out-of-network policies (e.g., day supply limits, use of mail order during extended out-of-area travel, authorization or plan notification).]

In these cases, please check first with Member Services to see if there is a network pharmacy nearby.

## Will the plan pay you back if you pay for a prescription?

If you must use an out-of-network pharmacy, you will generally have to pay the full cost [plans with cost sharing, insert: instead of a copayment/copay]when you get your prescription. You can ask us to pay you back [plans with cost sharing, insert: for our share of the cost].

To learn more about this, see Chapter 7 [plans may insert reference, as applicable].

**NOTE:** If the drug is covered by Medical Assistance (Medicaid), we do not allow <plan name> providers to bill you for these drugs. We pay our providers directly, and we protect you from any changes. This is true even if we pay the provider less than the provider charges. If you paid for a drug that you think we should have covered, contact Member Services at the number at the bottom of this page.

# The plan’s Drug List

The plan has a *List of Covered Drugs.* We call it the “Drug List” for short.

The drugs on the Drug List are selected by the plan with the help of a team of doctors and pharmacists. The Drug List also tells you if there are any rules you need to follow to get your drugs.

We will generally cover a drug on the plan’s Drug List as long as you follow the rules explained in this chapter.

## What is on the Drug List?

The Drug List includes the drugs covered under Medicare Part D and those covered under Medical Assistance (Medicaid).

The Drug List includes both brand-name [*plans may insert:* drugs, for example <name of common brand-name drug>] and *generic* drugs [*plans may insert*: , for example <name of common generic drug>]. Generic drugs have the same active ingredients as brand-name drugs. Generally, they work just as well as brand-name drugs and usually cost less.

Our plan also covers certain over-the-counter drugs and products. Some over-the-counter drugs cost less than prescription drugs and work just as well. For more information, call Member Services.

**How can you find out if a drug is on the Drug List?**

To find out if a drug you are taking is on the Drug List, you can:

* Check the most recent Drug List we sent you in the mail.
* Visit the plan’s website at <Internet address>. The Drug List on the website is always the most current one.
* Call Member Services at the number at the bottom of this page to find out if a drug is on the plan’s Drug List or to ask for a copy of the list.

[Plans may insert additional ways to find out if a drug is on the Drug List.]

## What is *not* on the Drug List?

The plan does not cover all prescription drugs. Some drugs are not on the Drug List because the law does not allow the plan to cover those drugs. In other cases, we have decided not to include a drug on the Drug List.

[Plans should remove or modify language regarding benefit exclusions when the benefits are covered by the plan under the Medicaid program.]

<Plan name> will *not* pay for the drugs listed in this section [insert if applicable: except for certain drugs covered under our enhanced drug coverage]. These are called *excluded drugs.* If you get a prescription for an excluded drug, you must pay for it yourself. If you think we should pay for an excluded drug because of your case, you can file an appeal. (To learn how to file an appeal, see Chapter 9 [plans may insert reference, as applicable].)

Here are three general rules for excluded drugs:

* Our plan’s outpatient drug coverage (which includes Medicare Part D and Medicaid drugs) cannot pay for a drug that would be covered under Medicare Part A or Part B. See the introduction of this chapter for more information about Medicare Part A and Part B covered drugs. Drugs covered under Medicare Part A or Part B are covered by <plan name> for free, but they are not considered part of your outpatient prescription drug benefits.
* Our plan cannot cover a drug purchased outside the United States and its territories.
* [Plans may modify this paragraph to reflect the degree to which the Medicaid program wraps around non-Part D drugs.] The use of the drug must be either approved by the Food and Drug Administration or supported by certain reference books as a treatment for your condition. Your doctor might prescribe a certain drug to treat your condition, even though it was not approved to treat the condition. This is called *off-label use.* Our plan usually does not cover drugs when they are prescribed for off-label use.

Also, by law, the types of drugs listed below are not covered by Medicare or Medical Assistance (Medicaid). [Plans should modify the list below and delete drugs that are covered by the plan’s enhanced drug coverage.]

* Drugs used to promote fertility
* Drugs used for cosmetic purposes or to promote hair growth
* Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra®, Cialis®, Levitra®, and Caverject®
* Drugs used to promote weight loss
* Outpatient drugs when the company who makes the drugs say that you have to have tests or services done only by them

## What are cost-sharing tiers?

Every drug on our plan’s Drug List is in a cost-sharing tier level. What you pay for a drug on the Drug List depends on whether the drug is a generic or brand drug. Tier 1 generic drugs have the lowest [copayment/copay]. Tier 1 brand drugs have a higher [copayment/copay]. Over-the-counter drugs and products have a $0 [copayment/copay]. [*Plans must ensure the tier label or description of the types of drugs on each tier is consistent with the guidance regarding generic tier labels in the CY 2016 Final Call Letter.*]

To find out the cost-sharing for your drug, look for the drug in our plan’s Drug List.

Chapter 6 [plans may insert reference, as applicable] tells the amount you pay for drugs in each tier*.*

# Limits on coverage for some drugs

## Why do some drugs have limits?

For certain prescription drugs, special rules limit how and when the plan covers them. In general, our rules encourage you to get a drug that works for your medical condition and is safe and effective. When a safe, lower-cost drug will work just as well as a higher-cost drug, the plan expects your provider to use the lower-cost drug.

**If there is a special rule for your drug, it usually means that you or your provider will have to take extra steps for us to cover the drug.** For example, your provider may have to tell us your diagnosis or provide results of blood tests first. If you or your provider think our rule should not apply to your situation, you should ask us to make an exception. We may or may not agree to let you use the drug without taking the extra steps.

To learn more about asking for exceptions, see Chapter 9 [plans may insert reference, as applicable].

## What kinds of rules are there?

[Plans should include only the forms of utilization management used by the plan:]

1. Limiting use of a brand-name drug when a generic version is available

Generally, a generic drug works the same as a brand-name drug and usually costs less. [Insert as applicable: In most cases, if **or** If] there is a generic version of a brand-name drug, our network pharmacies will give you the generic version. We usually will not pay for the brand-name drug when there is a generic version. However, if your provider [insert as applicable: has told us the medical reason that the generic drug will not work for you **or** has written “No substitutions” on your prescription for a brand-name drug **or** has told us the medical reason that neither the generic drug nor other covered drugs that treat the same condition will work for you], then we will cover the brand-name drug. [Plans that offer all drugs at $0 cost sharing, delete the following sentence:] Your [copayment/copay] may be greater for the brand-name drug than for the generic drug.

1. Getting plan approval in advance

For some drugs, you or your health care provider must get approval from <plan name> before you fill your prescription. If you don’t get approval, <plan name> may not cover the drug. This is called *prior authorization*.

1. Trying a different drug first

In general, the plan wants you to try lower-cost drugs (that often are as effective) before the plan covers drugs that cost more. For example, if Drug A and Drug B treat the same medical condition, and Drug A costs less than Drug B, the plan may require you to try Drug A first.   
If Drug A does not work for you, the plan will then cover Drug B. This is called *step therapy*.

1. Quantity limits

For some drugs, we limit the amount of the drug you can have. This is called a *quantity limit*. For example, the plan might limit how much of a drug you can get each time you fill your prescription.

## Do any of these rules apply to your drugs?

To find out if any of the rules above apply to a drug you take or want to take, check the   
Drug List. For the most up-to-date information, call Member Services or check our website   
at <web address>.

# Why your drug might not be covered

We try to make your drug coverage work well for you, but sometimes a drug might not be covered in the way that you would like it to be. For example:

* **The drug you want to take is not covered by the plan.** The drug might not be on the Drug List. A generic version of the drug might be covered, but the brand name version you want to take is not. A drug might be new and we have not yet reviewed it for safety and effectiveness.
* **The drug is covered, but there are special rules or limits on coverage for that drug.** As explained in the section above [plans may insert reference, as applicable], some of the drugs covered by the plan have rules that limit their use. In some cases, you or your prescriber may want to ask us for an exception to a rule.

There are things you can do if your drug is not covered in the way that you would like it to be.

## You can get a temporary supply

In some cases,the plan can give you a temporary supply of a drug when the drug is not on the Drug List or when it is limited in some way. This gives you time to talk with your provider about getting a different drug or to ask the plan to cover the drug.

**To get a temporary supply of a drug, you must meet the two rules below:**

1. The drug you have been taking:

* is no longer on the plan’s Drug List, ***or***
* was never on the plan’s Drug List, ***or***
* is now limited in some way.

1. You must be in one of these situations:

* [Plans may omit this scenario if the plan allows current members to ask for formulary exceptions in advance for the following year. Plans may omit this scenario if the plan was not operating in the prior year.]**You were in the plan last year and do not live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first** **[insert time period (must be at least 90 days)] of the calendar year**. This temporary supply will be for up to [insert supply limit (must be at least a 30-day supply)]. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of [insert supply limit (must be at least a 30-day supply)] of medication. You must fill the prescription at a network pharmacy.

* **You are new to the plan and do not live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first [insert time period (must be at least 90 days)] of your membership** in the plan. This temporary supply will be for up to [insert supply limit (must be at least a 30-day supply)]. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of [insert supply limit (must be at least a 30-day supply)] of medication. You must fill the prescription at a network pharmacy.

* [Plans may omit this scenario if the plan was not operating in the prior year.] **You were in the plan last year and live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first [insert time period (must be at least 90 days)]of the calendar year**. The total supply will be for up to [insert supply limit (must be at least a 91-day supply and may be up to a 98-day supply depending on the dispensing increment)]. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of [insert time period (must be at least a 91-day supply)]of medication. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

* **You are new to the plan and live in a long-term care facility.**

We will cover a temporary supply of your drug **during the first** **[insert time period (must be at least 90 days)]of your membership** in the plan. The total supply will be for up to [insert supply limit (must be at least a 91-day supply and may be up to a 98-day supply depending on the dispensing increment)]. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of [insert time period (must be at least a 91-day supply)]of medication. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

* **You have been in the plan for more than [insert time period (must be at least 90 days)] and live in a long-term care facility and need a supply right away.**

We will cover one [insert supply limit (must be at least a 31-day supply)] supply, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.

* [If applicable: Plans must insert their transition policy for current members with changes to their level of care.]

To ask for a temporary supply of a drug, call Member Services.

When you get a temporary supply of a drug, you should talk with your provider to decide what to do when your supply runs out. Here are your choices:

* **You can change to another drug.**

There may be a different drug covered by the plan that works for you. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. The list can help your provider find a covered drug that might work for you.

**OR**

* **You can ask for an exception.**

You and your provider can ask the plan to make an exception. For example, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your provider says you have a good medical reason for an exception, he or she can help you ask for one.

[Plans that do not allow current members t*o ask for an exception prior to the beginning of the following contract year* may omit this paragraph:] If a drug you are taking will be taken off the Drug List or limited in some way for next year, we will allow you to ask for an exception before next year. We will tell you about any change in the coverage for your drug for next year. You can then ask us to make an exception and cover the drug in the way you would like it to be covered for next year. We will answer your request for an exception within 72 hours after we get your request (or your prescriber’s supporting statement).

To learn more about asking for an exception, see Chapter 9 [plans may insert reference, as applicable].

If you need help asking for an exception, you can contact Member Services [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]

# Changes in coverage for your drugs

Most changes in drug coverage happen on January 1. However, the plan might make changes to the Drug List during the year. The plan might:

* Add drugs because new drugs, including generic drugs, became available or the government approved a new use for an existing drug.
* Remove drugs because they were recalled or because cheaper drugs work just as well.
* [*Plans that do not have cost sharing in any tier may omit*:] Move a drug to a higher or lower cost-sharing tier level.
* Add or remove a limit on coverage for a drug.
* Replace a brand-name drug with a generic drug.

If any of the changes below affect a drug you are taking, the change will not affect you until January 1 of the next year:

* [*Plans that do not have cost sharing in any tier may omit*:] We move your drug into a higher cost-sharing tier level.
* We put a new limit on your use of the drug.
* We remove your drug from the Drug List, but not because of a recall or because a new generic drug has replaced it.

Before January 1 of the next year, you usually will not have an increase in your payments or added limits to your use of the drug. The changes will affect you on January 1 of the next year.

In the following cases, you *will* be affected by the coverage change before January 1:

* If a brand name drug you are taking is replaced by a new generic drug, the plan must give you at least 60 days’ notice about the change.
* The plan may give you a 60-day refill of your brand-name drug at a network pharmacy.
* You should work with your provider during those 60 days to change to the generic drug or to a different drug that the plan covers.
* You and your provider can ask the plan to continue covering the brand-name drug for you. To learn how, see Chapter 9 [plans may insert reference, as applicable].
* If a drug is recalled because it is found to be unsafe or for other reasons, the plan will remove the drug from the Drug List. We will tell you about this change right away.
* Your provider will also know about this change. He or she can work with you to find another drug for your condition.

If there is a change to coverage for a drug you are taking, **the plan will send you a notice.** Normally, the plan will let you know at least 60 days before the change.

# Drug coverage in special cases

## If you are in a hospital or a skilled nursing facility for a stay that is covered by the plan

If you are admitted to a hospital or skilled nursing facility for a stay covered by the plan, we will generally cover the cost of your prescription drugs during your stay. You will not have to pay a [copayment/copay]. Once you leave the hospital or skilled nursing facility, the plan will cover your drugs as long as the drugs meet all of our rules for coverage.

[Plans with no cost sharing, delete this paragraph:] To learn more about drug coverage and what you pay, see Chapter 6 [plans may insert reference, as applicable].

## If you are in a long-term care facility

Usually, a long-term care facility, such as a nursing home, has its own pharmacy or a pharmacy that supplies drugs for all of its residents. If you are living in a long-term care facility, you may get your prescription drugs through the facility’s pharmacy if it is part of our network.

Check your *Provider and Pharmacy Directory* to find out if your long-term care facility’s pharmacy is part of our network. If it is not, or if you need more information, please contact Member Services.

## If you are in a long-term care facility and become a new member of the plan

If you need a drug that is not on our Drug List or is restricted in some way, the plan will cover atemporary supply of your drug during the first [insert time period (must be at least 90 days)] of your membership, until we have given you a [insert time period (must be at least 91 and may be up to 98)]-day supply. The first supply will be for up to [insert supply limit (must be at least a 31-day supply)], or less if your prescription is written for fewer days. If you need refills, we will cover them during your first [insert time period (must be at least 90 days)] in the plan.

If you have been a member of the plan for more than [insert time period (must be at least 90 days)] and you need a drug that is not on our Drug List, we will cover one [insert supply limit (must be at least a 31-day supply)] supply. We will also cover one [insert supply limit (must be at least a 31-day supply)] supply if the plan has a limit on the drug’s coverage. If your prescription is written for fewer than [insert supply limit] days, we will pay for the smaller amount.

When you get a temporary supply of a drug, you should talk with your provider to decide what to do when your supply runs out. A different drug covered by the plan might work just as well for you. Or you and your provider can ask the plan to make an exception and cover the drug in the way you would like it to be covered.

To learn more about asking for exceptions, see Chapter 9 [plans may insert reference, as applicable].

## If you are in a Medicare-certified hospice program

Drugs are never covered by both hospice and our plan at the same time. If you are enrolled in a Medicare hospice and require a pain medication, anti-nausea, laxative, or antianxiety drug not covered by your hospice because it is unrelated to your terminal prognosis and related conditions, our plan must get notification from either the prescriber or your hospice provider that the drug is unrelated before our plan can cover the drug. To prevent delays in getting any unrelated drugs that should be covered by our plan, you can ask your hospice provider or prescriber to make sure we have the notification that the drug is unrelated before you ask a pharmacy to fill your prescription.

If you leave hospice, our plan should cover all of your drugs. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, you should bring documentation to the pharmacy to verify that you have left hospice. See the previous parts of this chapter that tell about the rules for getting drug coverage under Part D.

To learn more about the hospice benefit, see Chapter 4 [plans may insert reference, as applicable].

# Programs on drug safety and managing drugs

## Programs to help members use drugs safely

Each time you fill a prescription, we look for possible problems, such as:

* Drug errors
* Drugs that may not be needed because you are taking another drug that does the same thing
* Drugs that may not be safe for your age or gender
* Drugs that could harm you if you take them at the same time
* Drugs that are made of things you are allergic to

If we see a possible problem in your use of prescription drugs, we will work with your provider to correct the problem.

## Programs to help members manage their drugs

If you take medications for different medical conditions, you may be eligible to get services, at no cost to you, through a medication therapy management (MTM) program. This program helps you and your provider make sure that your medications are working to improve your health. A pharmacist or other health professional will give you a comprehensive review of all your medications and talk with you about:

* How to get the most benefit from the drugs you take
* Any concerns you have, like medication costs and drug reactions
* How best to take your medications
* Any questions or problems you have about your prescription and over‑the‑counter medication

You’ll get a written summary of this discussion. The summary has a medication action plan that recommends what you can do to make the best use of your medications. You’ll also get a personal medication list that will include all the medications you’re taking and why you take them.

It’s a good idea to schedule your medication review before your yearly “Wellness” visit, so you can talk to your doctor about your action plan and medication list. Bring your action plan and medication list with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Also, take your medication list with you if you go to the hospital or emergency room.

Medication therapy management programs are voluntary and free to members who qualify. If we have a program that fits your needs, we will enroll you in the program and send you information. If you do not want to be in the program, please let us know, and we will take you out of the program.

If you have any questions about these programs, please contact Member Services [insert if applicable: or your care coordinator]. [Plans should replace the term “care coordinator” with the term they use.]