

2009 Prescription Drug Transition Process

You may have heard that there will be some changes to Tufts Health Plan Medicare Preferred's formulary (list of covered drugs) in 2009. These changes were communicated in a letter we sent to all members who currently have the optional prescription drug coverage about changes in benefits and premiums for 2009. Some drugs were excluded from coverage. Some drugs were added to the list and others now have dispensing limitations or have been moved to a new co-payment tier.

What if your drug is no longer covered?

If your drug is no longer covered, you may request an exception. Outlined below is the standard exception process by which members may request coverage of non-covered drugs.

1. First, contact your physician's office to discuss a covered, therapeutically appropriate alternative and obtain a new prescription if necessary.
2. If your physician feels it is **medically necessary** for you to continue to take the non-covered drug, he or she can request an exception to coverage based on review for medical necessity. The request must include clinical information that supports why the drug is medically necessary. Forms are available upon request to both the physician and the member via fax, telephone, email and on the Tufts Health Plan website at www.tuftshealthplan.com.
3. If Tufts Medicare Preferred approves your request to cover a non-covered drug, that drug is subject to a Tier-3 co-payment.

What if your drug has a dispensing limitation and you require a greater quantity of medication?

If your drug has a dispensing limitation and you require a greater quantity of medication than the dispensing limitation allows, you may request a coverage exception. Outlined below is the exception process by which members may request an exception to a dispensing limitation.

1. Contact your physician's office.
2. If your physician feels it is **medically necessary** for you obtain more medication than the dispensing limitation allows, he or she can request an exception to the dispensing limitation based on review for medical necessity. The request must include clinical information that supports why you require a greater amount of medication. Forms are available upon request to both the physician and the member via fax, telephone, email and on the Tufts Health Plan website at www.tuftshealthplan.com.

In either of the above listed situations, if Tufts Medicare Preferred does not approve your physician's request, you have the right to appeal our decision. Information on how to request an appeal can be found in your Tufts Medicare Preferred *Evidence of Coverage*.

What if your drug moved to a higher co-payment tier?

If your drug moved to a higher co-payment tier, you can ask us to provide coverage at a lower tier. For instance, if your drug is Tier 3, you can ask us to cover it as Tier 2 instead, provided that it is medically necessary for you to take that Tier 3 medication. This would lower the co-payment amount you would have to pay for your drug.

You may call Customer Relations to ask for a tiering exception. When you request a tiering exception, your physician will be required to submit a statement supporting your request based upon medical necessity. Tufts Medicare Preferred cannot begin processing your tiering exception until we receive the supporting information from your physician. If you request a tiering exception without providing a supporting statement from your physician, we will contact you and/or your physician to request this information. If Tufts Medicare Preferred does not receive the supporting statement within a minimum of 96 hours of your initial request (or within a minimum of 48 hours of an expedited request), we may issue an unfavorable determination.

If Tufts Medicare Preferred approves coverage of a non-covered drug, you cannot request a tier exception to change the tier from Tier 3 to Tier 2.

What if you experience a drug change due to a change in treatment settings?

If you are in a long term care facility and if you experience an unplanned drug change due to a change in level of care, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined above. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred Customer Relations department.

What if your drug is excluded from coverage?

In accordance with federal law, your Tufts Medicare Preferred Part D benefit is unable to cover certain drugs in certain classes of medications. These classes of medications include:

- cough and cold preparations
- ovulation-inducing agents
- medications used for the treatment of erectile dysfunction
- medications used for the treatment of weight loss

- DESI drugs
- vitamins or supplements (except pre-natal vitamins and fluoride preparations)

Please note: You are unable to request coverage for the drugs that are excluded from coverage in accordance with governmental requirements. You will be required to pay the full retail price of excluded drugs when refilling your prescription for these medications after January 1, 2009.

For more information about Tufts Medicare Preferred's formulary changes please refer to your Annual Notification of Change letter or to your *Evidence of Coverage*. For more information, you may also call Customer Relations at 1-800-701-9000 or TDD 1-800-208-9562 during business hours, 8:30 a.m.–5:00 p.m., Monday through Friday. For prescription drug related questions only, call 7 days a week 8:00 a.m. – 8:00 p.m.

What if you just joined Tufts Medicare Preferred and did not know that your drug was not covered or required a prior authorization?

During the first 90 days of your enrollment, if you are unaware that your current medication is not on our formulary or requires prior authorization, the network pharmacist will dispense a one-time temporary fill of up to a 30-day supply to allow you time to discuss a transition plan with your physician. We will send you a letter via the US mail within three (3) business days of your temporary fill, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and the your prescriber to identify appropriate therapeutic alternatives that are on the Tufts Health Plan formulary, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. Your physician may request coverage for non-covered drugs or drugs requiring a prior authorization following the standard process outlined above.

What if you joined Tufts Medicare Preferred after January 1, 2009 and did not know that your drug was not covered or required a prior authorization?

The transition policy applies to existing members of Tuft Medicare Preferred whose drugs may have moved to non-covered status, new enrollees that have entered into prescription drug plans on January 1, 2009 following the 2008 annual coordinated election period, the transition of newly eligible Medicare beneficiaries from other coverage in 2009, the transition of individuals who switch from one plan to another after January 1, 2009, and enrollees in long term care (LTC) facilities.