

Tips for Making the Most of a Drug Plan



BEFORE YOUR LOVED ONE ENROLLS:

- Make a list of the medications your loved one takes.
- Compare the list against the drug plan's formulary (the list of drugs it covers).
- Choose the drug plan that best covers your loved one's medications while meeting any budget restrictions.

ONCE YOUR LOVED ONE HAS A DRUG PLAN:

- When your loved one's doctor writes a prescription, ask him or her to check whether the drug is covered. You may need to call the plan yourself.
- Ask the doctor to prescribe generic alternatives when available.
- Buy medications only from preferred, in-network pharmacies.
- Ask your doctor to request permission for any medication that requires prior authorization or step therapy.

WHEN A NEEDED MEDICATION IS NOT COVERED:

- Ask the doctor if a covered medication can safely and effectively replace the non-covered one. If not, ask your loved one's plan for an "exception" to cover the needed drug. The doctor will need to certify that any covered drugs would be less effective or possibly harmful.
- 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 taking when they joined.
- If you are refilling a prescription your loved one was taking before joining the plan, ask your pharmacist to fill it through your plan's transition or temporary "first fill" policy.
- During the transition period, be sure to get medications changed or request exceptions so your loved one won't have to pay out of pocket for non-covered medications.

EVERY YEAR:

- Check the plan's formulary. Plans change their formularies frequently, potentially removing drugs your loved one needs (or may need in the future). Consider changing plans if necessary.
- Learn about new plans available in your loved one's area that may offer better coverage and/or lower costs.
- Most people can switch Medicare private drug plans only during the Annual Coordinated Election (or Enrollment) Period, November 15 through December 31 each year. If your loved one is in a nursing home or receives extra help with drug costs from a federal program, he or she may be able to switch plans once a month.