Transition Process for Non-Formulary, Prior Authorization, Step Therapy or Quantity Limited Part D Covered Drugs

New AvMed Medicare Members who are prescribed Part D medications that are not on the Part D formulary or that are on the formulary but require prior authorization, step therapy or have a quantity limit may be provided with a transition fill of that medication.

You may be eligible for a transition fill of your Part D medication if you are a new AvMed Medicare member within your first 90 days of enrollment, if you are a member residing in a Long Term Care (LTC) facility, or if you are a current member affected by formulary changes from one contract year to the next.

AvMed Medicare will provide a 30-day transition supply of the affected drug (unless the prescription is written for fewer days) when a member goes to a network pharmacy. After AvMed covers the temporary 30-day transition supply, we generally will not pay for the drug as part of our transition policy again. AvMed will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to work with your doctor to request an exception for the affected drug's coverage restriction or suggest formulary alternatives to the non-formulary medication.

Members should talk to their doctors to determine whether it is possible to switch to a different drug covered on the formulary or discuss other options for medications with coverage restrictions. During the period of time that members are talking with their doctors to determine the right course of action, AvMed may provide an additional temporary supply of the affected medication.

If a new member is a resident of a long-term-care facility (like a nursing home), AvMed will cover a temporary 31-day transition supply (unless the prescription is written for fewer days) with multiple refills as necessary, up to a 98-day supply during the first 90 days a new member is enrolled in an AvMed Medicare Plan. If the resident has been enrolled in an AvMed Medicare Plan for more than 90 days and needs a drug that isn't on AvMed's formulary or is subject to other coverage restrictions, AvMed will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a coverage determination or formulary exception To file a request for an exception to the AvMed Medicare formulary, see Chapter 9, Section 6.2 under "What is an exception?" in you EOC or contact AvMed Medicare Member Services at the telephone number listed below.

Sometimes a member may experience a change in treatment settings. For example, you may enter a long-term care facility following discharge from the hospital or you may be discharged from a long-term care facility and return to the community. Admission or discharge from a long-term care facility means you may not have access to the remainder of your previously filled prescription. AvMed will take the necessary steps to be sure you are able to get a refill upon your admission or discharge.

In some cases, AvMed will contact you if you are taking a drug that is not on the AvMed Medicare formulary. AvMed can give you the names of covered drugs that may be used to treat similar conditions so you can ask your doctor if any of these drugs are an option for your treatment.

AvMed may assist you by contacting your doctor to discuss the drugs that are on AvMed Medicare formulary. Your doctor can decide if the non-formulary medication you are taking can be changed to one that is covered. If your doctor determines that your medication can be changed, AvMed will work with them to make this transition as simple as possible.

For more recent information on how to submit a Medication Exception Request or other questions, please contact AvMed Medicare Member Services, at 1-800-782-8633 October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., TTY users, 711 or 1-800-955-8771 or visit www.avmed.org.