

Transition of Care Process for Part D Prescription Drug Coverage

When you join AvMed Medicare as a new member, you may be taking drugs that are not on our formulary, or that are subject to certain restrictions, such as prior authorization or step therapy. During the first 90 days of your new membership, AvMed Medicare may provide a temporary supply of a drug which is not on our formulary or which has restrictions. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary refill supply for the drug during the first 90 days of the new plan year.

AvMed Medicare will provide a temporary 30-day supply (unless the prescription is written for fewer days) when a new or current member goes to a network pharmacy for a Part D drug that is not on our formulary or that is subject to restrictions, such as prior authorization or step therapy. A temporary 30-day supply is granted only once per medication as part of our transition process. After you receive the temporary 30-day supply, we will provide you with a written notice explaining the steps you can take to request an exception and how to work with your doctors if you should switch to a drug we cover. You should talk with your doctor to determine what is best for your care.

For Members in a Long-Term Care Facility (like a nursing home)

If a new member is a resident of a long-term-care facility (like a nursing home), AvMed will cover a temporary transition supply. The first supply will be for a maximum of 98-days, or less if your prescription is written for fewer days. If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan, when that member is a resident of a long-term-care facility. If a new member, who is a resident of a long-term-care facility and has been enrolled in our Plan for more than 90 days, needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we 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. This is in addition to the initial transition supply provided.

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.

If a current member transitions to a different level of care, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) and cover more than one refill during the first 90 days if the member transitions into a long-term care facility. If the transition is out of a long-term care facility, we will cover a temporary 30-day supply (unless the prescription is written for fewer days) when the member goes to a network pharmacy (and the drug is otherwise a “Part D drug”). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

For more information on how to submit a Medication Exception Request or other questions, please contact AvMed Medicare Member Services at 1-800-782-8633 or visit www.avmed.org. If you are hearing impaired please call our TTY Relay Service at 1-800-955-8771 or 711. The hours of operation are the following:

- October 1st – March 31st from 8:00 a.m. to 8:00 p.m., 7 days a week.
- April 1st – September 30st from 8:00 a.m. to 8:00 p.m., Monday - Friday and Saturday 9:00 a.m. to 1:00 p.m.