

First Medicare Direct Transition Process

As a new First Medicare Direct member, you are probably taking prescription drugs that are covered on the First Medicare Direct Formulary (list of covered drugs). However, there are some drugs that are not covered under the First Medicare Direct Formulary. Or, you may be taking a drug that is on our Formulary but your ability to get it is limited due to a Prior Authorization (PA), Step Therapy (ST) or Quantity Limit (QL) requirement.

If this happens to you, First Medicare Direct will provide a transition process that will give you time to work with your health care provider to switch to a therapeutically equivalent prescription drug on our Formulary or to complete the Formulary Exceptions process. First Medicare Direct members who are eligible to use the Transition Process include:

New enrollees that are within the first 90 days of enrollment
Enrollees residing in long-term care facilities; and
(In some cases), current enrollees affected by Formulary changes from one year to the next

Please note, medications that are excluded from Medicare Part D coverage due to Medicare laws or rules are not eligible to be covered through the transition process. Medications that are considered to be in "Protected Classes" may be eligible for longer transition periods (up to 120 days).

How do I receive my Transition supply?

During your transition period: Retail or Mail-Order Pharmacy setting

For each of your prescription drugs that is not on our Formulary (or if your ability to get your drugs is limited), we will cover a temporary 30-day supply (unless you have a prescription written for fewer days, in which case we will cover multiple fills to provide up to a total of a 30 day supply) when you go to a First Medicare Direct network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a First Medicare Direct member for less than 90 days unless you have been granted an exception.

Long-term care setting

If you are a resident of a long-term care facility, for each of your prescription drugs that is not on our Formulary (or if your ability to get your drugs is limited), we will cover at least up to a total 31-day temporary supply of medication. If you need a prescription drug that is not on our Formulary (or if your ability to get your drugs is limited), and you are past the first 90 days of your First Medicare Direct membership, we will cover a 31-day emergency supply of that prescription drug (unless you have a prescription written for fewer days) while you pursue a Formulary Exception.

Level of care changes

If you are a current member of FirstMedicare Direct and experience a change in your level of care from one treatment setting to another, we will cover a transition supply of each prescription drug that is either not on our Formulary or covered under our Formulary but also subject to certain requirements or limits on coverage. An emergency transition supply will be provided to current long-term care enrollees who enter into a facility from another care setting. This transition supply is not limited to initial enrollment only.

How do I change my prescription?

If your drug is either not covered on our Formulary or covered under our Formulary with Prior Authorization (PA), Step Therapy (ST) or Quantity Limit (QL) requirements, you can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, we encourage you to ask your doctor if these drugs that we cover are an option for you. If your doctor tells you that none of the drugs, we cover for treating your condition is medically appropriate, you have the right to request an exception from us. You also have the right to request an exception if your doctor tells you that a Prior Authorization (PA), Quantity Limit (QL) or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

How do I request an exception?

The first step in requesting an exception is for you to ask your prescribing doctor to contact us by calling 844-201-4957, by faxing a request to (858)790-7100, or by writing to us at: MedImpact Healthcare Systems, Inc, 10181 Scripps Gateway Court, San Diego, CA 92131. Your doctor must submit a statement supporting your request. The doctor's statement must indicate that the requested drug is medically necessary for treating your condition because none of the drugs we cover would be as effective as the requested drug or would have adverse effects for you. If the exception involves a Prior Authorization (PA), Quantity Limit (QL) or other limit we have placed on that drug, the doctor's statement must indicate that the limit would not be appropriate given your condition or would have adverse effects for you. Once the physician's statement is submitted, we will review all standard requests and notify you no later than 72 hours with a decision. If this is an expedited request, we will notify you within 24 hours. Your request will be expedited if we determine (or your doctor informs us) that your life, health or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

What if my request is denied?

If your request is denied, you have the right to appeal by asking for a review of the prior decision. You must request this appeal within 60 calendar days from the date of our first decision. You must file a standard request in writing or by fax. We accept expedited requests by telephone, fax and in writing at:

Phone Number: (toll free)
1-844-201-4957

Fax Number:
1-858-790-7100

MedImpact Healthcare Systems, Inc
10181 Scripps Gateway Court
San Diego, CA 92131

If you need assistance requesting an Exception or for more information about our Transition Policy (including requests to receive this policy in alternate formats or languages), please call FirstMedicare Direct Customer Service at 1-844-201-4957. TTY users should call 711. A pharmacy help desk representative will be available to speak with you 24 hours a day, seven days a week.

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO health plans with Medicare contracts. Enrollment in FirstMedicare Direct depends on contract renewal. FirstCarolinaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.