

Liberty Health Advantage (HMO)

PART D UTILIZATION MANAGEMENT

For certain prescription drugs, Liberty Health Advantage has additional requirements for coverage or limits on our coverage. These requirements and limits ensure that our members use these drugs in the most effective way and also help us control drug plan costs. A team of pharmacists developed the following requirements and limits for our Plan to help us to provide quality coverage to our members:

Prior Authorization: Liberty Health requires you to obtain prior authorization for certain drugs. This means that you or your authorized representative will need to receive approval from Liberty before you fill your prescription. If you don't receive approval prior to going to the pharmacy, we may not cover the drug.

Quantity Limits: For certain drugs, Liberty Health limits the amount of drug that will be covered per prescription or for a defined period of time. These quantity limits are based on standard dosing and clinical guidelines.

Step Therapy: In some cases, Liberty requires you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

Generic Substitution: When there is a generic version of a brand-name drug available, our network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand-name drug. It may be necessary for your provider to request an override for coverage of a brand name drug when a generic is available.

You can find out if the drug you take is subject to these additional requirements or limits by looking in the formulary. If your drug is subject to one of these additional restrictions or limits and your physician determines that you are not able to meet the additional restriction or limit for medical necessity reasons, you or your physician can request an exception (which is a type of coverage determination).

If you would like more information, please contact our Member Services Department at 1.866.542.4269 (TTY: 1.800.662.1220) Monday through Friday 8:00 am until 8:00 pm EST.

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Liberty Health Advantage, Inc. is a health maintenance organization (HMO) that has a Medicare Advantage contract with the Federal Government