

PrimeTime Health Plan covers brand name drugs, generic drugs, and biological products (which may include biosimilars).

A brand name drug is a prescription drug that is sold under a trademarked name owned by the drug manufacturer. Biological products are drugs that are more complex than typical drugs. On the Drug List, when we refer to drugs, this could mean a drug or a biological product.

A generic drug is a prescription drug that has the same active ingredients as the brand name drug. Biological products have alternatives that are called biosimilars. Generally, generics and biosimilars work just as well as the brand name drug or original biological product and usually cost less. There are generic drug substitutes available for many brand name drugs and biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state law, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

The Formulary is subject to change during the year. Most of the changes in drug coverage happen at the beginning of each year (January 1); however, the plan may make changes during the year, with CMS approval. In cases of any changes to our formulary including addition of a prior authorization, adding quantity limits, step therapy, making a drug non-formulary and changing cost share due to a tier level change of formulary drugs, PrimeTime Health Plan will send a letter to the members that have been affected by the change.

If one of your drugs is not covered in the way you would like it to be covered, you have the right to ask for a “coverage determination”. A coverage determination is when we make a decision about whether a drug is covered by the plan and the amount, if any, you are required to pay for the prescription.

When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request. (You cannot ask for coverage of any “excluded drugs” or other non-Part D drugs which Medicare does not cover).

You, your representative, or your doctor (or other prescriber) can request a coverage determination by calling, emailing, writing, or faxing our plan at the numbers below. **In addition, you may contact us for the most recent list of covered drugs [here](#).**