



FOR IMMEDIATE RELEASE

Closing Gaps in Medicare Part D: Coverage Exceptions, Transition Fills, and Pharmacy Access

Medicare Part D provides coverage for prescription drugs for Medicare beneficiaries enrolled in Medicare Part D Plans or Advantage Plans with Part D included. Medicare beneficiaries that encounter issues accessing their prescriptions may be able to utilize coverage exceptions, transition fills, or alternative pharmacies to help.

Coverage Exceptions

An [exception request](#) is a type of coverage determination for a Medicare plan to cover a prescription not on the plan's list of covered drugs. A Medicare Part D enrollee, an enrollee's prescriber (doctor), or an enrollee's representative may request a coverage exception. Coverage exceptions can be requested by contacting the Part D or Medicare Advantage plan directly.

Exception requests are granted when the insurance company determines that a requested drug is medically necessary for an enrollee. Therefore, an enrollee's prescriber (doctor) must submit a supporting statement to the insurance company supporting the request.

Transition Fills

A [transition fill](#) is typically a one-time 30-day supply of a prescription for a Part D enrollee. Transition fills allow enrollees to get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy). Transition fills are generally only available for prescriptions that were taken off a beneficiary's current Part D plan formulary or not covered on a new Part D plan.



SHIP
State Health Insurance
Assistance Program

Navigating Medicare



MIPPA

MAKING MEDICARE MORE AFFORDABLE

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,988,836 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,008,966 with 100 percent funded by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.



For help with appealing Medicare coverage decisions including requesting coverage exceptions or transition fills contact your [local benefit specialist](#) at 844-947-2372.

Pharmacy Networks

In many Medicare Part D plans and Medicare Advantage plans with Part D included coverage for prescriptions only applies when they are purchased at in-network pharmacies. This means beneficiaries will likely have to purchase drugs at full cost if they use an out-of-network pharmacy. Plans can be contacted directly for more information about their out-of-network rules. Insurers must also meet Federal standards for convenient access to network pharmacies [42 CFR 423.120(a)].

Long Term Care Facility Pharmacy Coverage

Medicare beneficiaries residing in Long Term Care facilities may encounter long term care pharmacies that are not in-network for their Part D coverage. To ensure they can access their prescriptions, beneficiaries may:

- Change Medicare Part D coverage during an enrollment period ([Medicare Advantage and Part D Enrollment and Disenrollment Guidance](#)), or
- Fill prescriptions at an alternative pharmacy and self-administer prescriptions, as clinically appropriate. [42 CFR 483.10(c)(7)]

To review Part D coverage options or to enroll the plan finder tool on [Medicare.Gov](#) can be used or Medicare can be contacted at 1-800-MEDICARE (633-4227).

For further questions or assistance about Medicare-related health insurance coverage options in Wisconsin, contact the Medigap Helpline at 1-800-242-1060 or BOALTCMedigap@Wisconsin.Gov to speak with a counselor.

(10/2026)



NAVIGATING MEDICARE



This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,988,836 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,008,966 with 100 percent funded by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.