

Medicare Part D Transition Supply Policy

Our list of drugs, also called a formulary, might have changes beginning January 1 of each year. The changes can include what drugs are covered on the formulary. There also may be new limits on a drug like prior authorization, step therapy or quantity limits. Your drug coverage might be different than it was on December 31. To help you with that change, our Transition Policy applies to certain Part D prescription drugs for a little while.

Our transition policy applies to:

- Medicare Part D drugs not on the formulary
- Medicare Part D drugs on the formulary but have utilization rules:
 - » Prior Authorization (PA)
 - » Step Therapy (ST)
 - » Quantity Limit (QL)

Who's Eligible?

- New members
- Certain returning members
- Members who've been on the plan for more than 90 days, live in a long-term care facility and need a supply right away
- Members who've been on the plan for more than 90 days, have a change in their level of care and need a supply right away

If you're eligible, here's what you can expect.

New Members (Non Long-Term Care)

New members are eligible to get up to a 30-day supply of a drug covered during the first 90 days of their plan. If your prescription is for fewer days, you can refill up to a 30-day supply.

Returning Members (Non Long-Term Care)

Returning members are eligible to get up to a 30-day supply of an eligible Part D prescription drug they've been on in the prior year covered during the first 90 days of the calendar year. If your prescription is for fewer days, you can refill up to a 30-day supply.

Long-Term Care Members

New members living in long-term care are eligible to get up to a 31-day supply of an eligible Part D prescription drug covered during the first 90 days of their plan. Returning members living in long-term care are eligible to get up to a 31-day supply of an eligible Part D prescription drug they've already been taking covered during the first 90 days of the calendar year. If your prescription is for fewer days, you can refill up to a 31-day supply.

Already been a member for more than 90 days and need a drug that isn't on our formulary or is subject to other restrictions, such as prior authorization, step therapy or dosage limits? We'll cover a 31-day emergency supply of your drug. If you and your doctor think you need to stay on this drug, then you, your representative, or your doctor need to ask for a formulary exception or coverage determination.

What can you expect to pay?

Members with a Low Income Subsidy won't pay more than the most that the Centers for Medicare & Medicaid Services allows for the short term supply of drugs. Members without Low Income Subsidy will pay the amount based on approved formulary tiers. Other members will pay the cost-share option for non-formulary drugs approved under a coverage determination which is Tier 4 cost sharing.

Important Things to Know

- Our policy is for Medicare Part D drugs only.
- You'll need to use an in-network pharmacy UNLESS you qualify for out-of-network access.
- A member who was in the plan last year will be provided with a transition supply of an eligible Part D prescription drug if the member has taken the drug in the past year, unless the drug was previously filled as a transition supply.
- Our policy doesn't apply to drugs that need a determination to see if they're under Part B or Part D coverage.

- Our policy doesn't apply to drugs that have safety edits to prevent unsafe dosing of drugs. This may include some opioid prescriptions.
- We will send you a written notice through the U.S. mail within three (3) business days of dispensing the transition supply. The transition letter will include the reason for the transition supply as well as your right to request an exception and the process for you to follow.

Ask for an exception or a coverage determination

If you and your doctor decide to keep you on a drug that's not part of our formulary or covered drug list, you, your doctor or your representative can ask us for an exception. You can also ask for an exception or a coverage determination if your drug has restrictions on it (such as a prior authorization, step therapy or quantity limit restrictions). Just speak with Member Service, and they'll help.



Questions? Give us a call at **1-800-332-5762** (TTY: **711**). We're here to walk you through the details.



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Between **April 1 to Sept. 30**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. Between **Oct. 1 to March 31**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

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ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-332-5762، TTY 711.