

Medi-CareFirst BlueCross BlueShield 2009 Transition Notice

Q. What if my current prescription drugs are not on the formulary or are limited on the formulary?

2009:

New Members

As a new member in our plan, you may currently be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or quantity limit.

- In instances like these, you need to talk with your doctor about taking an alternative prescription drug that is on our formulary. If there are no appropriate alternative prescription drugs on our formulary, you or your doctor can request a formulary exception.
- If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time.
- While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial 30-day transition supply of the non-formulary drug. This transition supply is only available during the first 90 days you are a member.
- When you go to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not continue to pay for these drugs under the transition policy.
- We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

Long-Term Care Facility Residents

- If you are a resident of a long-term care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days).
- If necessary, we will cover more than one refill of these drugs during the first 90 days you are enrolled in our Plan, provided the total amount filled during the first 90 days you are a member of our plan does not exceed a 93-day supply.
- If you have been enrolled in our Plan for more than 90 days and need a drug that isn't on our formulary or is subject to other restrictions, such as quantity limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Level of Care Change

If you are outside the transition period and are experiencing circumstances that involve a level of care change where you must change from one treatment setting to another, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you pursue a formulary exception.

Continuing Members

As a continuing member in the plan, you should have received your Evidence of Coverage package, including an abridged formulary, by October 31. You may notice that a formulary medication you are currently taking is either not on the upcoming year's formulary, or its cost sharing or coverage is limited in the upcoming year.

In this case, we will provide for a transition period consistent with the above transition process for new enrollees.

For questions and help requesting a formulary exception, please call Claims Customer Service at 1-800-693-1434 (TTY/TDD: 1-800-693-0765), 24 hours a day/7 days a week.