

Introduction

We want our Medicare members to get access to the drugs they need – especially while moving between plans or adjusting to formulary changes.

This transition policy is for all Blue Shield of California Medicare Advantage Prescription Drug (MAPD) Plans and standalone Prescription Drug Plans (PDP).

This document describes our Medicare transitional medication process, which applies to:

- Members stabilized on:
 - Part D drugs not on our formulary
 - Part D drugs on our formulary with a prior authorization, step therapy, or a quantity limit requirement
 - Part D drugs as listed above where distinctions can't be made at the pharmacy. This includes new or ongoing prescription drugs.
- Members in any of the cases below:
 - New members during the annual election period
 - Newly eligible members moving from other coverage at the start of a contract year
 - Members who switch from one plan to another after the start of a contract year
 - Enrollees in long-term care (LTC) facilities
 - Members affected by formulary changes from one contract year to the next

Note: Our transition policy applies only to those drugs that are "Part D drugs." These drugs must be bought at a network pharmacy. Non-Part D or out-of-network drugs are not included. Exceptions include when member qualifies for out-of-network access.

Transition policy

With network pharmacies, we can give a temporary supply of non-formulary Part D drugs or formulary drugs with coverage limits. This is to provide for the current needs of a member. It also helps give time to work with the prescriber to make a fitting switch in medication. The switch must be to a therapeutically equivalent formulary medication. Members can submit a formulary exception request to keep coverage of a current drug based on medical necessity.

Details about the transitional supply:

- **The transitional supply is a one-time, 30-day temporary supply** of the non-formulary drug. Members must get the drug at a retail pharmacy. This must happen in the first 90 days of new membership.
- If the prescription is written for fewer days, we will cover multiple fills to give up to 30 days of medication.
- Refills are given for up to a 30-day supply. This occurs when the prescription is filled for less than the written amount due to a safety limit.
- The 90-day period begins on the effective date of coverage in any of our Medicare Part D plans.

What to do during the transition

During the 90-day transition period, members may talk to their prescribers about switching to a different drug we cover. Members can also request a formulary exception. This exception is to get coverage for the drug if it is not on our formulary or has limits. This may include step therapy or prior authorization.

How to get formulary exceptions or prior authorizations

For help with a formulary exception or prior authorization, members can call Customer Service at the number on their Blue Shield member ID card.

- As needed, Customer Service will forward the call to Pharmacy Services to start a prior authorization or exception request.
- Upon request, we will give prior authorization or exception request forms to members and prescribers. Forms will arrive via mail, email, or fax. Members may also find forms on our [Prior authorization forms and templates web page](#).
- Requests for prior authorization of formulary drugs are compared to the CMS-approved coverage standards. Formulary exception requests are reviewed for medical necessity by Blue Shield pharmacists and physicians.
- If a formulary exception request is denied, we will provide the prescriber guidelines for working with Blue Shield of California to find therapeutic alternatives. We will send members a letter with guidelines to appeal the decision.

If a negative change affects a member from one year to the next, we'll give up to 30-day temporary supply of the non-formulary drug. This will happen if the member needs a refill for the drug in the first 90 days of the new plan year.

Pharmacies and transitional supplies

To help members get the medications they need, retail and long-term care pharmacies can give an override for coverage of a transitional supply of a drug that:

- Is non-formulary,
- Has coverage limits other than Part B vs. Part D determination,
- Has limits to prevent coverage of non-Part D drugs, or
- Has limits that promote safe use of a Part D drug.

We will cover a 30-day supply (unless the prescription is written for fewer days, then we will cover multiple fills to provide up to 30 days of medication).

Home delivery overrides (for more than a 30-day supply) will be determined and entered by Blue Shield staff. Blue Shield's claims processing vendor uses the new version of HIPAA standards to decide on all transition claims for coverage. The vendor uses industry-approved messaging as needed to clarify claim information sent to pharmacies.

Costs for transitional supply

The cost sharing for low-income subsidy (LIS) eligible members will not exceed the maximum copay amounts for LIS-eligible members. This is for a temporary supply of drugs given under the transition process.

For all other members:

- Cost sharing is based on approved cost-sharing tiers. This is consistent with what the member would be charged for non-formulary drugs approved under a coverage exception.
- Members are not required to pay extra cost sharing related to multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary.

After the transitional supply is granted

After we cover the 30-day temporary supply, we won't pay for these drugs as part of our transition policy again. Protected class drugs received as part of a transitional supply are excluded. Members who receive a transitional supply for a protected class drug will be grandfathered for the rest of the contract year.

After the transitional supply is granted:

- We will send the member a CMS-approved template written notice via U.S. first-class mail within three business days of the transitional fill.
- We will send the prescriber a fax with notice of the transitional supply. This notice will contain:
 - Explanation of the temporary nature of the transitional supply received
 - How to work with us and the prescriber to find therapeutic alternatives on our formulary
 - Explanation of the member's right to request a formulary exception
 - Description of the procedures for requesting a formulary exception
- If a transitional supply has been given once and the member is in the process of receiving a coverage determination, the transitional supply may be extended by one more 30-day prescription fill beyond the initial 30 days supply, unless the member presents with a prescription written for fewer than 30 days.

Members in long-term care (LTC) facilities

For a member who is a resident of an LTC facility (like a nursing home):

- We will cover up to a 31-day transitional supply (unless the prescription is written for fewer days) of Part D drugs in increments of 14 days or less. This is during the first 90 days a new member is enrolled in our plan. The 90-day period starts on the member's effective date of coverage. As a reminder of our policy, we'll send a transitional supply notice to the member. This notice will go out within three business days of the first incremental transitional fill.
- If the LTC resident has been enrolled in our plan for more than 90 days and needs a non-formulary drug – or a drug that is subject to other restrictions like step therapy or dosage limits – we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days). The member must pursue a formulary exception during this time.
- For members entering or leaving an LTC facility, early refill edits are not used. This is to limit appropriate and needed access to the formulary. These enrollees are allowed to access a refill when entering or leaving the LTC facility.



Questions?

For any questions, call Customer Service at the number on your member ID card. We are here to help.

Language Assistance Notice

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

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