



Blue Shield of California Medicare Transition Policy

Introduction

We want to be sure that our Medicare members get access to the drugs they need while transitioning 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 who are 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 a distinction cannot be made at point of service whether it is a new or ongoing prescription drug
- Members in any of the following scenarios:
 - New members following the annual coordinated election period
 - Newly eligible members transitioning from other coverage at the beginning of a contract year
 - Transitioning individuals who switch from one plan to another after the beginning of a contract year
 - Enrollees residing in long-term care (LTC) facilities
 - In some cases, current enrollees affected by formulary changes from one contract year to the next

Please note that our transition policy applies only to those drugs that are “Part D drugs” and bought at a network pharmacy. The transition policy can’t be used to buy a non-Part D drug or a drug out of network, unless the member qualifies for out-of-network access.

Transition policy

In conjunction with network pharmacies, we can provide a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions in order to accommodate the immediate needs of a member. This also helps provide sufficient time to work with the prescriber

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to make an appropriate switch to a therapeutically equivalent formulary medication or to complete a formulary exception request to maintain coverage of an existing drug based on medical necessity reasons.

Details about the transitional supply:

- **The transitional supply is a one-time, 30-day temporary supply** of the non-formulary drug at a retail pharmacy during the first 90 days of new membership.
- If the prescription is written for fewer days, we will cover multiple fills to provide up to 30 days of medication.
- Refills may also be provided for up to a 30-day supply for prescriptions dispensed for less than the written amount due to a plan quantity limit for safety.
- The 90-day period begins on the member's 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 to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug if it is not on our formulary or has restrictions, such as step therapy or prior authorization.

How to get formulary exceptions or prior authorizations

For assistance requesting a formulary exception or prior authorization, members may contact Customer Care using the number on their Blue Shield Member ID card.

- As necessary, Customer Care will forward the call to Pharmacy Services to initiate a prior authorization or exception request.
- Upon request, we will provide prior authorization or exception request forms to both members and prescribers via mail, email, or fax. Members may also find forms on our [Prior authorization forms web page](#).
- Requests for prior authorization of formulary drugs are reviewed against the CMS-approved coverage criteria, and 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 instructions for working with Blue Shield of California to identify appropriate therapeutic alternatives. A letter will be sent to the member that provides instructions on how to appeal the decision.

If a current member is affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug if the member needs a refill for the drug during the first 90 days of the new plan year.

Pharmacies and transitional supplies

To help members get the medication they need, retail and LTC pharmacies can provide an override for coverage of a transitional supply of a drug that:

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

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

Mail service 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 make decisions about all transition claims for coverage. The vendor uses industry-approved messaging as necessary to clarify claim information transmitted to pharmacies.

Costs for transitional supply

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

For all other members:

- Cost sharing will be based on approved cost-sharing tiers and be consistent with what the member would be charged for non-formulary drugs approved under a coverage exception.
- Members will not be required to pay additional cost sharing associated with 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 generally will not pay for these drugs as part of our transition policy again, with the exception of protected class drugs received as part of a transitional supply. Members who receive a transitional supply for a protected class drug will be grandfathered for the remainder of the contract year.

What happens after the transitional supply has been 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 notification of the transitional supply. This notice will contain:
 - an explanation of the temporary nature of the transitional supply received,
 - instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary,
 - an explanation of the member's right to request a formulary exception, and
 - a description of the procedures for requesting a formulary exception.
- If a transitional supply has been provided once and the member is currently in the process of receiving a coverage determination, the transitional supply may be extended by one additional 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 a 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 during the first 90 days a new member is enrolled in our plan. The 90-day period begins on the member's effective date of coverage. A transitional supply notice will be sent to the member within three business days of the first incremental transitional fill to remind the member of the terms of the transitional supply policy.
- 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, such as step therapy or dosage 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.
- For members being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to the formulary. This means that such enrollees are allowed to access a refill upon admission or discharge.

Questions?

For any questions about this Medicare Transitional Medication Process, members may call Customer Care at the number on their ID cards. 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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