



Blue Cross Blue Shield  
of Arizona Advantage  
13950 W. Meeker Blvd  
Sun City West, AZ 85375

<DATE>

Member ID Number  
<MemberNumber>



<MEMBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <MEMBER NAME>:

This letter is to inform you that [Blue Cross Blue Shield of Arizona Advantage](#) has provided you with a [temporary](#) supply of the following prescription: [<name of drug>](#).

This drug is either not included on our list of covered drugs (called our formulary) or included on the formulary, but subject to certain limits, as described in more detail further below. Our records indicate that you are a [new enrollee][current enrollee] affected by formulary changes implemented this year by [Blue Cross Blue Shield of Arizona Advantage](#) and that you are within your first 90 days of coverage for this plan year. [Therefore, in the outpatient setting, [Blue Cross Blue Shield of Arizona Advantage](#) is required to provide at least a 30-day supply unless the prescription is written for less and does not provide for refills.][For a resident of a long term care facility, [Blue Cross Blue Shield of Arizona Advantage](#) is required to provide at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment, with refills provided, if needed (unless the prescription is written for less).]

It is important that you understand that this is a [temporary](#) supply of this drug. Before this supply ends, you should speak to [Blue Cross Blue Shield of Arizona Advantage](#) and/or your physician regarding whether you should change the drug you are currently taking or request an exception from [Blue Cross Blue Shield of Arizona Advantage](#) to continue coverage of this drug.

If you need assistance in requesting an exception, or for more information about our transition policy, please call [Member Services](#) at [1-800-446-8331](#). TTY users should call [711](#). We are happy to take your calls from [Monday - Friday 8:00am - 5:00pm \(Arizona Time\)](#). Instructions on how to apply for an exception or how to change your current prescriptions are discussed at the end of the letter.

The following is an explanation of why your drug is not covered or is limited under [Blue Cross Blue Shield of Arizona Advantage](#).

**[Name of Drug:** [<name of drug>](#)

**Date Filled:** [<date filled>](#)

**Reason for Notification:** This drug is not covered on our formulary. Because you are within your first [90 days](#) of coverage with [Blue Cross Blue Shield of Arizona Advantage](#) for this plan year, [we have provided you with a [<days supply on filled claim>](#) day supply. The maximum

days supply allowed is a 30 day supply, and we will not pay for the drug after the maximum days supply is used unless you obtain a formulary exception from [Blue Cross Blue Shield of Arizona Advantage](#).][we will allow you to refill your prescription until we have provided you with at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment (unless the prescription is written for less). Unless you obtain a formulary exception from [Blue Cross Blue Shield of Arizona Advantage](#), we will not pay for the drug after the maximum days supply is used.]]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug is not covered on our formulary. In addition, we could not provide the full amount that was prescribed because we limit the amount of this drug that we provide at one time. This is called quantity limits and we impose such limits for safety reasons. Because you are within your first 90 days of coverage with [Blue Cross Blue Shield of Arizona Advantage](#) for this plan year, [we will allow you to refill your prescription until we have provided you with a 30 day supply, but we will not pay for the drug after this maximum days supply is used unless you obtain a formulary exception from [Blue Cross Blue Shield of Arizona Advantage](#).][we will allow you to refill your prescription until we have provided you with at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment (unless the prescription is written for less). Unless you obtain a formulary exception from [Blue Cross Blue Shield of Arizona Advantage](#), we will not pay for the drug after the maximum days supply is used.]]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug requires your doctor or other professional who prescribed this drug to satisfy certain requirements before you can fill this prescription at your pharmacy. This is called prior authorization. Because you are within your first 90 days of coverage with [Blue Cross Blue Shield of Arizona Advantage](#) for this plan year, [we have provided you with a *<days supply on filled claim>* day supply. The maximum days supply allowed is a 30 day supply, and we will not pay for the drug after the maximum days supply is used unless you obtain [Blue Cross Blue Shield of Arizona Advantage](#)'s prior authorization or you obtain an exception to the prior authorization from [Blue Cross Blue Shield of Arizona Advantage](#).][we will allow you to refill your prescription until we have provided you with at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment (unless the prescription is written for less). Unless you obtain a prior authorization from [Blue Cross Blue Shield of Arizona Advantage](#), we will not pay for the drug after the maximum days supply is used.]]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug will be covered only if you first try certain other drugs, as part of what we call a step therapy program. Step therapy is the practice of beginning drug therapy with what we consider to be a safe and effective, lower cost drug before progressing to other more costly drugs. Because you are within your first 90 days of coverage with [Blue Cross Blue Shield of Arizona Advantage](#) for this plan year, [we have provided you with a *<days supply on filled claim>* day supply. The maximum days supply allowed is a 30 day supply, and we will not pay for the drug after the maximum days supply is used unless you try other drugs on

our formulary first or you obtain an exception to the step therapy requirement from [Blue Cross Blue Shield of Arizona Advantage](#).][we will allow you to refill your prescription until we have provided you with at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment (unless the prescription is written for less). Unless you try other drugs on our formulary first or you obtain an exception to the step therapy requirement from [Blue Cross Blue Shield of Arizona Advantage](#), we will not pay for the drug after the maximum days supply is used.]]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug will be covered only if you first try a generic version of this drug. Because you are within your first 90 days of coverage with [Blue Cross Blue Shield of Arizona Advantage](#) for this plan year, [we have provided you with a *<days supply on filled claim>* day supply. The maximum days supply allowed is a 30 day supply, and we will not pay for the drug after the maximum days supply is used unless you try the generic drug on our formulary first or you obtain an exception to the step therapy requirement from [Blue Cross Blue Shield of Arizona Advantage](#).][we will allow you to refill your prescription until we have provided you with at least a 91 day supply and may be up to a 98 day supply, consistent with the dispensing increment (unless the prescription is written for less). Unless you try the generic drug on our formulary first, or you obtain an exception from [Blue Cross Blue Shield of Arizona Advantage](#), we will not pay for the drug after the maximum days supply is used.]]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug is covered on our formulary. However, we could not provide the full amount that was prescribed because of plan quantity limits. We will not provide more than what our quantity limits permit unless you obtain an exception from [Blue Cross Blue Shield of Arizona Advantage](#). Please contact [Blue Cross Blue Shield of Arizona Advantage](#) to discuss the exception process. Our contact information is located below.]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** We could not provide the full amount that was prescribed because of plan quantity limits. We will not provide more than what our quantity limits permit unless you obtain an exception from [Blue Cross Blue Shield of Arizona Advantage](#). Please contact [Blue Cross Blue Shield of Arizona Advantage](#) to discuss the exception process. Our contact information is located below.]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug is not covered on our formulary. We will cover this drug for *<days supply on filled claim>* days while you seek to obtain a formulary exception from [Blue Cross Blue Shield of Arizona Advantage](#). If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made. Please contact [Blue Cross Blue Shield of Arizona Advantage](#) for more information regarding our exception process. Our contact information is located below.]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug requires prior authorization. We will cover this drug for *<days supply on filled claim>* days while you seek to obtain an exception to the prior authorization from [Blue Cross Blue Shield of Arizona Advantage](#). Please contact [Blue Cross Blue Shield of Arizona Advantage](#) to discuss the exemption process. Our contact information is located below.]

**[Name of Drug:** *<name of drug>*

**Date Filled:** *<date filled>*

**Reason for Notification:** This drug will be covered only if you first try certain other drugs as part of what we call our step therapy program. Step therapy is the practice of beginning drug therapy with what we consider to be a safe and effective, lower cost drug before progressing to other more costly drugs. We will cover this drug for *<days supply on filled claim>* days while you seek to obtain an exception to the step therapy requirement from [Blue Cross Blue Shield of Arizona Advantage](#). Please contact [Blue Cross Blue Shield of Arizona Advantage](#) to discuss the exception process. Our contact information is located below.]

### **How do I change my prescription?**

If your drug is not covered on our formulary, or is covered on our formulary but we have placed a prior authorization, step therapy, or quantity limit on it, you can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, we encourage you to ask your doctor if these drugs that we cover are an option for you. If your doctor tells you that none of the drugs we cover for treating your condition is medically appropriate, you have the right to request an exception from us. You also have the right to request an exception if your doctor tells you that a prior authorization, quantity limit, or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

### **How do I request an exception?**

The first step in requesting an exception is for you to ask your prescribing doctor to contact us.

[Blue Cross Blue Shield of Arizona Advantage](#)  
13950 W. Meeker Blvd  
Sun City West, AZ 85375  
1-800-446-8331  
Monday - Friday 8:00am - 5:00pm (Arizona Time)

Your doctor must submit a statement supporting your request. It may be helpful to take this notice with you to the doctor or submit it to his or her office. The doctor's statement must indicate that the requested drug is medically necessary for treating your condition because none of the drugs we cover would be as effective as the requested drug or would have adverse effects for you. If the exception involves a prior authorization, quantity limit, or other limit we have placed on that drug, the doctor's statement must indicate that the prior authorization, or limit, would not be appropriate given your condition or would have adverse effects for you.

Once the physician's statement is submitted, we must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard

request. Your request will be expedited if we determine, or your doctor informs us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

### **What if my request is denied?**

If your request is denied, you have the right to appeal by asking for a review of the prior decision. You must request this appeal within 60 calendar days from the date of our first decision. [We accept standard requests by telephone and in writing.](#)

[Blue Cross Blue Shield of Arizona Advantage](#)  
[13950 W. Meeker Blvd](#)  
[Sun City West, AZ 85375](#)  
[1-800-446-8331](#)  
[Monday - Friday 8:00am - 5:00pm \(Arizona Time\)](#)  
[Fax: \(480\) 684-6034](#)

If you need assistance in requesting an exception or for more information about our transition policy (including alternate format or languages regarding this policy), please contact [Blue Cross Blue Shield of Arizona Advantage](#) at [1-800-446-8331](#) or [711](#), [Monday - Friday 8:00am - 5:00pm \(Arizona Time\)](#), or visit [www.azbluemedicare.com](#).

Sincerely,

[Blue Cross Blue Shield of Arizona Advantage Plan Representative](#)

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/co-insurance may change on January 1 of each year.

[This information is available for free in other languages. Please call our customer service number at [1-800-446-8331](#) or [711](#), [Monday - Friday 8:00am - 5:00pm \(Arizona Time\)](#).]

[Esta información está disponible de forma gratuita en otros idiomas. Por favor, póngase en contacto con nuestro número de servicios descripción en [1-800-446-8331](#) para obtener información adicional. Los usuarios de TTY deben llamar al [711](#). Estamos disponibles Lunes - Viernes 8:00 am - 5:00 pm (Hora Arizona).]

[This document may be made available in other formats such as Braille, large print or other alternate formats. Please call [Member Services](#) at [1-800-446-8331](#) for additional information. TTY users should call [711](#). We are available from [Monday - Friday 8:00am - 5:00pm \(Arizona Time\)](#).]

[Blue Cross Blue Shield of Arizona Advantage](#) is an HMO plan with a Medicare contract. Enrollment in [Blue Cross Blue Shield of Arizona Advantage](#) depends on contract renewal.