

## Prescription drugs – Coverage limitations and exclusions

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**With few exceptions, your prescriptions must be from network providers and must be filled at a plan pharmacy or through our mail order service.**

In nearly all cases, your prescriptions are covered only if they are written or ordered by a plan doctor or other plan provider. In addition, you must fill your prescriptions at certain pharmacies or through our own mail order pharmacy service. There is an exception for medical emergencies and urgently needed care. If it is an emergency medical condition or urgently needed care, we cover prescriptions you get from doctors who are not plan providers and prescriptions that are filled at non-plan pharmacies.

- **What is a “network pharmacy”?** A network pharmacy is a pharmacy where you can receive your prescription drug benefits. We call them “network pharmacies” because they contract with Freedom Blue. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription; you can go to any of our network pharmacies.
- We have a list of **preferred pharmacies**. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A **non-preferred pharmacy** is still a network pharmacy, but you may have to pay more for your prescriptions. Please refer to your pharmacy directory or call Customer Service to locate a preferred pharmacy.
- **What are “covered drugs”?** “Covered drugs” is the general term we use to mean all of the outpatient prescription drugs that are covered by Freedom Blue. Medicare Advantage Prescription Drug Plans can cover many drugs as long as they are available by prescription, are approved by the Food and Drug Administration (FDA), and are sold in the United States. Over the counter medications may be covered at no cost to you as part of a Step Therapy. Examples of drugs that can be covered include the following:
  - Prescription drugs
  - Biological products
  - Insulin
  - Medical supplies for the injection of insulin (syringes, needles, alcohol swabs, and gauze)
  - Vaccines

The actual drugs covered by each Medicare Drug Plan are determined by the Plan.

## **The Pharmacy Directory gives you a list of Freedom Blue network pharmacies.**

Every year as long as you are a member of Freedom Blue, we will send you a Pharmacy Directory, which gives you a list of our network pharmacies. You can use it to find a network pharmacy closest to you. If you don't have the Pharmacy Directory, you can get a copy from Customer service. They can also give you the most up-to-date information about changes in Freedom Blue's pharmacy network. In addition, you can find this information on our Web site at [www.bluecrossca.com](http://www.bluecrossca.com).

## **What if a pharmacy is no longer a “network pharmacy”?**

Sometimes a pharmacy might leave the plan's network. If this happens, you will have to get your prescriptions filled at another Freedom Blue network pharmacy. Please refer to your pharmacy directory or call Customer Service to find another network pharmacy in your area.

## **Filling prescriptions outside the network**

### What if I need a prescription because of a medical emergency?

We will cover prescriptions that are filled at an out-of-network pharmacy if the prescriptions are related to care for a medical emergency or urgently needed care. In this situation, you will have to pay the full cost (rather than paying just your co-payment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a paper claim form.

### Getting coverage when you travel or are away from the plan's service area

If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave. When possible, take along all the medication you will need. You may be able to order your prescription drugs ahead of time through our mail order pharmacy service.

## **We will cover your prescription at an out-of-network pharmacy.**

We will cover prescriptions that are filled at an out-of-network pharmacy if you follow all other coverage rules. In this situation, you will have to pay the full cost (rather than paying just your co-payment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form.

## Other times you can get your prescription covered if you go to an out-of-network pharmacy

We will cover your prescription at an out-of-network pharmacy if at least one of the following applies:

- If you are unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy within a reasonable driving distance that provides 24 hour service.
- If you are trying to fill a prescription covered drug that is not regularly stocked at an accessible network retail or mail order pharmacy (these drugs include orphan drugs or other specialty pharmaceuticals).

**Before you fill your prescription in either of these situations, call Customer Service to see if there is a network pharmacy in your area where you can fill your prescription.** If you do go to an out of network pharmacy for the reasons listed above, you will have to pay the full cost (rather than paying just your co-payment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form.

## **Drugs Covered By Freedom Blue**

Freedom Blue has a formulary that lists all drugs that we cover. These drugs are covered as long as the prescription is filled at and Freedom Blue network pharmacies or through our mail order pharmacy service. Finally, for certain prescription drugs, we have additional requirements for coverage or limits on our coverage.

In certain situations, prescriptions filled at an out-of-network pharmacy are also covered.

## **Freedom Blue's Formulary**

A formulary is a list of drugs selected by Freedom Blue in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Freedom Blue will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Freedom Blue network pharmacy, and other plan rules are followed.

Both brand-name drugs and generic drugs are included on our formulary. A generic drug has the same active-ingredient formula as the brand-name drug. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and as effective as brand-name drugs.

To get a copy of the formulary list, please call our Member Services Department, Monday through Thursday 8:00 a.m. to 6:00 p.m. and Friday, 8:00 a.m. to 3:00 p.m. Pacific at 1-877-811-3107, or if you are hearing or speech impaired and have access to a TTY system, at 1-888-877-5378.

## **Drug Tiers**

Drugs on our formulary are organized into different drug tiers, or groups of different drug types. Your co-payment depends on which drug tier your drugs are in. Refer to the Summary of Benefits which shows the co-payment amount you pay for each tier when you are in your initial coverage level.

You can ask us to make an exception to your drug's tier placement.

## **Can Freedom Blue's Formulary Change?**

We may add or remove drugs from our formulary during the year. Changes in the formulary may affect which drugs are covered and how much you will pay when filling your prescription. We will send written notice of changes to our formulary to all Freedom Blue members who are using a particular drug. This notice will be sent at least 60 days before the change will take effect. However, if a drug is removed from our formulary because the drug has been recalled from the market, a notice will not be given. Instead, we will remove the drug from our formulary immediately and notify members about the change as soon as possible.

You can call Customer Service at 1-877-811-3107, Monday through Thursday 8:00 a.m. to 6:00 p.m. and Friday, 8:00 a.m. to 3:00 p.m. Pacific or if you are hearing or speech impaired and have access to a TTY system, at 1-888-877-5378 to find out if your drug is on our formulary or to request a copy of our formulary. You can also get updated information about the drugs covered by Freedom Blue by visiting our web site at [www.bluecrossca.com](http://www.bluecrossca.com).

## **What If My Drug Is Not On The Formulary?**

If your prescription is not listed on our formulary, you should first contact Customer Service to be sure it is not covered. You can contact Customer Service at 1-877-811-3107, Monday through Thursday 8:00 a.m. to 6:00 p.m. and Friday, 8:00 a.m. to 3:00 p.m. Pacific or if you are hearing or speech impaired and have access to a TTY system, at 1-888-877-5378.

If Customer Service confirms that we do not cover your drug, you have three options:

- Freedom Blue can help you find another drug to treat your medical condition that is part of Freedom Blue's formulary; or
- You can ask us to make an exception and cover your drug. See "How Do I Request An Exception?" for more information.
- You can pay out-of-pocket for the drug and request that the plan reimburse you by requesting an appeal.

If you recently joined Freedom Blue and learn that we do not cover a drug you were taking when you joined our plan, you may be able to receive a one-time fill of that

prescription. You can receive a one-time fill of the non-covered drug if one of the following applies:

You didn't know that your drug wasn't covered by Freedom Blue, or you knew it wasn't covered but you didn't know that you could request an exception to Freedom Blue's formulary.

After your one-time fill, Freedom Blue will work with you to help you find another drug to treat your medical condition that is covered by Freedom Blue. If we cannot find another drug for you, we will help you file a request for an exception to our formulary.

In some cases, Freedom Blue will contact you if you are taking a drug that is not on our formulary. We will let you know that your drug is not covered and can help you find another drug to treat your medical condition that is part of Freedom Blue's formulary.

In addition to offering benefits that afford access to a comprehensive array of drugs as part of the Part D formulary, Freedom Blue will ensure members who transition to the Freedom Blue benefit plan will not have an abrupt disruption of care. To help ensure that members have access to non-formulary drugs upon enrollment or during an unplanned change in treatment settings, benefits will be authorized for a 60-day fill/refill for the non-formulary prescription at a participating pharmacy.

The non-formulary drug will be identified in the claims system at the point of sale. The member will be informed the medication is not included on the formulary and Freedom Blue will provide the member (1) prescription alternatives that are included on the formulary and (2) the non-formulary exceptions process. If the non-formulary medication is deemed medically necessary, the physician may request continued coverage of the medication using our non-formulary exceptions process.

### **How Can I Request An Exception To Freedom Blue's Formulary?**

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Freedom Blue limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, Freedom Blue will only approve your request for an exception if the alternative drugs included on the plan's formulary or the low-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

In most circumstances, if we do approve your request for an exception, the exception is good for the rest of the year.

## Freedom Blue Drug Exclusions

By law, certain types of drugs or categories of drugs are not covered by Medicare Advantage Prescription Drug Plans. These drugs or categories of drugs are called “exclusions” and include:

- Nonprescription drugs, unless they are part of a step therapy
- Drugs when used for anorexia, weight loss, or weight gain
- Drugs when used to promote fertility
- Drugs when used for cosmetic purposes or hair growth
- Drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Barbiturates
- Benzodiazepines

In addition, a Medicare Advantage Prescription Drug Plan cannot cover a drug if the drug would be available under Medicare Part A or Part B. See your *Medicare & You* Handbook for more information about drugs that are covered by Medicare Part A and Part B. Some drugs are covered under Medicare Part B in some cases and under your Freedom Blue in other cases. In general, your pharmacist or provider will determine whether to bill the drug in question as a Medicare Part B or a Medicare Part D drug.