

**Regence BlueCross BlueShield of Oregon**  
**MedAdvantage™ + Rx**  
**MedAdvantage™ + Rx Enhanced**

**Transition Policy for New Enrollees of our Medicare Part D Prescription Drug Plan**

We want to make sure that all **new enrollees** have a smooth and safe transition to their Medicare Part D prescription benefit. Upon enrollment, new enrollees receive benefit information including:

1. A list of medications on the formulary.
2. Plan requirements and coverage limits.
3. Information on the process for requesting an exception.

This information can also be found on our website and provides details on formulary medication and coverage requirements.

Prior authorization may be needed for medications that:

- Have other available options that are similarly effective, safe, and are less expensive.
- Have limited uses or dosing based upon scientific studies or FDA approval.
- May be prescribed for conditions that are not a covered Part D benefit.

If you are a new enrollee and currently taking a medication that requires prior authorization, we realize that you may need time to work with your healthcare provider in considering formulary alternatives or requesting authorization for coverage. Working with your doctor or healthcare provider is your best way of getting the most value from your Medicare Part D prescription benefit. You'll avoid expensive prescription costs by considering available formulary options that have been proven to be equally effective and safe, but less expensive.

During your transition period (first 90 days of eligibility):

- You can fill up to a 30-day supply (transition only) for the prescribed Part D medication during the first 90 days of eligibility, (unless the prescription is written by the prescriber for less than 30 days).
- For enrollees in **long-term care** facilities, additional refills during your 90-day transition may be provided, so you can work with your healthcare provider to find formulary medication options or request prior authorization.
- If you receive coverage for a temporary medication fill, we will notify you if prior authorization is needed for continued coverage of your medication.

Our formulary is an open formulary, meaning all Medicare covered Part D drugs are included within our formulary to provide comprehensive coverage to Medicare members.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make an exception for these types of unplanned transitions.

Such transitions include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens,

For these unplanned transitions, you can ask us to make an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

For **more information** about the drugs we cover and the exceptions and appeal process, please visit our website at [www.or.regence.com](http://www.or.regence.com) or call Customer Service at 1-800-541-8981, 8 a.m. to 8 p.m., seven days a week for additional information. (TTY/TDD users should call 1-800-382-1003.)

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).