Blue Advantage
A Medicare Approved PPO

Part D Drug Coverage Determinations and Appeals

Effective January 2025

Key Information and Timelines for Submitting Part D Coverage Requests

Appeal Levels	Steps in Coverage Determinations	Appeals Information	Who Can Appeal?	Timing of Decision
Initial Request	Coverage Determination	N/A	Beneficiary, the beneficiary's appointed representative, the beneficiary's physician or other approved provider/staff	Standard requests within 72 hours Expedited requests within 24 hours after the doctor's supporting statement is received.
First Appeal	Redetermination	Must be submitted within 65 days of initial coverage determination decision		Standard Reconsiderations: generally within 7days Expedited Reconsiderations: 72 hours
Second Appeal	Performed by an Independent Review Entity	Must be submitted within 65 days of denial	Beneficiary, the beneficiary's appointed representative, the beneficiary's physician or other approved provider/staff	
Third Appeal	Administrative Law Judge Hearing	Amount in controversy must be at or above $190 for this level of appeal. Must be filed with the proper OMHA hearing office within 60 calendar days of the Independent Review Entity decision.	Initiated by the beneficiary	Standard Reconsiderations: generally within 90 days Expedited Reconsiderations: generally within 10 days

Note: Expedited requests are only allowed if the standard time frame seriously jeopardizes the life or health of the beneficiary. Requesting expedited decisions can more often result in denied decisions due to a lack of time to obtain all necessary information. The timelines and specifications noted in the table above are based on CMS guidelines and are subject to change. Requests for reimbursement on drugs the beneficiary has already purchased follow different processing time frames.

Quick Tips and Tools for Part D Drug Coverage Determinations

- ✓ Use our Drug Lookup tool to help you determine medication coverage and requirements.
- ✓ Submit all necessary information on the initial request. This will improve the outcome for you and your patient!
- ✓ Avoid using expedited requests unless medically urgent/necessary.
- ✓ For help with difficult standard coverage determination requests, call Blue Advantage's Pharmacy Advocate Team at 1-888-618-1172 or email RxAdvocates@bcbsal.org.

CoverMyMeds

Prime Therapeutics has contracted with CoverMyMeds to provide an electronic prior authorization (ePA) solution that allows participating pharmacies and prescribing providers the ability to submit PA requests online.

URL: CoverMyMeds.com

Drug Lookup tool

Use our Drug Look Up tool as a quick and easy way to find out if a drug is covered. Our plans cover the generic and brand-name medications people with Medicare use most often.

URL: bcbsalmedicare.com/sales/web/medicare/druglookup

Below are the types of coverage determinations:

- **Formulary Exception:** Request to cover a Part D drug that is not on the plan's list of covered drugs (also known as a formulary).
- **Prior Authorization (PA):** Request to get pre-approval for a drug.
- **Quantity Limit Exception:** Request to waive a restriction on the Plan's coverage for a drug (such as limits on the amount of the drug you can get for a given time frame).
- **Step Therapy:** Requirement to try a lower-cost prescription drug that treats a given condition before "stepping up" to a similar-acting but more expensive drug.
- **Tiering Exception:** Request to pay a lower cost-sharing amount for a covered drug on a higher cost-sharing tier.

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