



# Part D Drug Coverage Determinations and Appeals

This information is applicable for Blue Advantage® in 2023-2024.

## 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 60 days of initial coverage determination decision		Standard Reconsiderations: generally within 7 days  Expedited Reconsiderations: 72 hours
Second Appeal	Performed by an Independent Review Entity	Must be submitted within 60 days of denial	Beneficiary, the beneficiary's appointed representative, the beneficiary's physician or other approved provider/staff	Standard Reconsiderations: generally within 90 days  Expedited Reconsiderations: generally within 10 days
Third Appeal	Administrative Law Judge Hearing	Amount in controversy must be at or above \$180 for this level of appeal	Initiated by the beneficiary	

**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.

### 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](https://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](https://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.



Blue Advantage® PPO is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

CoverMyMeds is available to Blue Cross and Blue Shield of Alabama through Prime Therapeutics, an independent company providing pharmacy benefit management services.

CoverMyMeds is an independent company that provides electronic solutions for drug prior authorizations.