

Drug Exceptions, Time Frames and Enrollee Responsibilities

Standard exception request: If a clinically appropriate prescription drug is not included in our drug formulary, you may contact us by phone, electronically, or in writing to request coverage of that specific prescription drug or specialty drug. A standard exception request may be initiated by you, your designee, or the prescribing practitioner by calling Member Service at the number on the back of your Member ID card or visiting bcbst.com. We will respond to a standard exception request no later than seventy-two (72) hours after the receipt date of the request. As part of the standard exception request, the prescribing practitioner should include an oral or written statement that provides justification to support the need for the prescription drug not included in our drug formulary to treat the member's condition, including a statement that all covered prescription drugs in your drug formulary on any tier:

- i. Will be or have been ineffective;
- ii. Would not be as effective as the prescription drug not included in our drug formulary; or
- iii. Would have adverse effects.

If we grant a standard exception request for coverage of a prescription drug that is not in our drug formulary, we will include approval details, including dates, in written correspondence. Any applicable cost-sharing paid by the member (such as copayment or coinsurance) for the prescription will apply toward the out-of-pocket maximum. If we deny a standard exception request, you have the right to an independent review of our decision, as described below.

Expedited exception request: If a clinically appropriate prescription drug is not included in our drug formulary, an expedited exception request based on exigent circumstances may be initiated by you, your designee, or your prescribing practitioner by calling Member Service at the number on the back of your Member ID card or visiting bcbst.com. We will respond to an expedited exception request within twenty-four (24) hours of receipt of the request. An exigent circumstance exists when a member is:

- i. Suffering from a health condition that may seriously jeopardize their life, health, or ability to regain maximum function; or
- ii. Undergoing a current course of treatment using a prescription drug not included in our drug formulary.

As part of the expedited review request, the prescribing practitioner should include an oral or written statement that provides:

- i. A description of the exigent circumstance that exists and an explanation of the harm that could reasonably be expected to the member if the requested prescription drug is not provided within the

timeframes of the standard exception request process, as outlined above; and

- ii. A justification supporting the need for the prescription drug not included in our drug formulary to treat the member's condition, including a statement that:
 - 1. All covered prescription drugs in our drug formulary on any tier will be or have been ineffective;
 - 2. Would not be as effective as the prescription drug not included in our drug formulary; or
 - 3. Would have adverse effects.

If we grant an expedited exception based on exigent circumstances for coverage of the prescription drug that is not in our drug formulary, we will provide access to the prescription drug:

- i. Without unreasonable delay; and
- ii. For the approval duration listed in the written correspondence.

Any applicable cost-sharing paid by the member (such as copayment or coinsurance) for the prescription will apply toward the out-of-pocket maximum. If we deny an expedited exception request, you have the right to an independent review of our decision.

External exception request: If we deny a request for a standard exception or an expedited exception, you, your designee, or the prescribing practitioner may initiate an external exception request for the original exception request by calling Member Services at the number on the back of your Member ID card or visiting bcbst.com. The denial of that request will be reviewed by an independent review panel. The independent review panel's decision to either uphold or reverse the denial of the original exception request will be provided orally or in writing to you, your designee, or the prescribing practitioner no later than:

- i. Twenty-four (24) hours after receipt of an external exception review request, if the original exception request was expedited; or
- ii. Seventy-two (72) hours after receipt of an external exception review request, if the original exception request was standard.