

Formulary Requirements and limits apply to retail and mail order service and may include:

Prior Authorization (PA)

Prior authorization requires you or your doctor to get approval from the plan before your drug is covered. Sometimes prior authorization may be needed for the plan to ensure your drug is covered by the Medicare Part D benefit. In other cases, prior authorization helps to guide appropriate use of certain drugs. If you do not get approval, your drug may not be covered by the plan.

Quantity Limits (QL)

Quantity limits manage the amount of a drug that the plan will cover for a single copay or within a defined period of time. For example, if a blood-pressure medication is typically taken once a day, the plan may limit coverage to 31 pills per 31 days (i.e. one pill per day for a month). If you require a quantity over this limit, you or your doctor may request an exception from the plan. Exceptions will be considered when special circumstances apply.

Step Therapy (ST)

Step Therapy encourages you to try safe, effective, lower-cost drugs before the plan covers a more costly drug. For example, if Drug A and Drug B treat the same medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. Step Therapy can decrease your out-of-pocket costs and could help you delay or avoid the coverage gap because the total drug cost is lower.

Medicare Part B or Part D Coverage Determination (B/D)

Some drugs may be covered by the Medicare Part B or Part D benefit, depending on how the drug is used and other factors. Claims may be stopped at the pharmacy to determine which Medicare benefit should cover the drug. Your doctor may need to supply additional information before this drug is covered by the Part D plan.

An exception is a type of coverage determination. You can ask the plan to make the following exceptions to the plan's coverage rules:

1. You can ask to have your drug covered even if it is not on the formulary. If an exception is approved, you would get the prescription drug at the Tier 3 copay level.
2. You can ask for more coverage for your drug. If your drug is in Tier 3, you can ask that the plan cover it as a Tier 2 drug

instead. This would lower the amount you must pay for your drug. The tier exception process applies only to Tier 3 drugs. Please note, if the plan grants your request to cover a drug that is not on the formulary, you may not ask the plan to provide a higher level of coverage for the drug.

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

Please call the Sterling Retiree Rx Customer Care number to request an exception. When requesting a formulary or tiering exception, please submit a statement from your doctor supporting your request. Generally, the coverage decision will be made within 72 hours after we receive your doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we receive your prescribing doctor's supporting statement.