



<Date>

<Name>

<Address>

<City, State Zip>

DRAFT

Re: Notice of temporary drug coverage

Dear <Member >,

Blue Cross and Blue Shield of Louisiana and its pharmacy benefit manager, Express Scripts* want you to get the most out of your pharmacy benefit coverage. Please read this letter about one or some of your prescription drugs.

You recently filled a prescription for <DRUG NAME> on <DATE>. This drug is not covered on your new Blue Cross drug benefit's Covered Drug List (also called a drug formulary). To help you make a smooth transition to your new Blue Cross coverage, we authorized a one-time courtesy fill of up to a 30-day supply of that drug. We also sent a letter to your doctor with this information. **Once your temporary supply of this drug runs out, it will not be covered and you may have to pay full price for it.**

Talk to your doctor about covered drugs you can take for our health problem before you run out of this supply of your prescription drug.

If your doctor would like you to keep taking this drug, he or she can call Express Scripts' Prior Authorization Department at 1-800-417-8164, 24 hours per day, 7 days per week, to request coverage for a drug. Coverage may not always be possible.

We value your membership with Blue Cross and want you to be happy with your coverage. To learn more about your drug coverage, please visit www.bcbsla.com/pharmacy.

If you have questions, you can also call the Pharmacy number on your member ID card, or 1-866-781-7533. (TTY users should call ****Phone Number****. You must have a TTY/TDD device to use the TTY/TDD number.)

Thank you for choosing us for your health and drug coverage.

Sincerely,

Milam W. Ford, B.S. Pharm, MBA, MPH
Vice President, Pharmacy Services

**Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

www.bcbsla.com

5525 Reitz Avenue | Baton Rouge, Louisiana 70809
P.O. Box 261798 | Baton Rouge, Louisiana | 70826-1798