



BlueCross BlueShield
of Alabama

FAX

January 19, 2025

Lindsey Barton
7461 EAST DR.
MONTGOMERY, AL 36117

ONLINE PRIOR AUTHORIZATIONS NOW AVAILABLE

For your convenience the PA submission process has been improved.

Please visit <https://paforms.com/alabama> for online criteria specific and general PA submissions.

Date: January 19, 2025

SENT TO:

Name: Dr. Lindsey Barton

Phone Number: 3342443281

Fax Number: 8448001946

SENT BY:

Name: Blue Cross and Blue Shield of Alabama

Phone Number: 866-205-5107

Fax Number: 866-606-6021

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BlueCross BlueShield
of Alabama

January 19, 2025

Darryl J Bronson
447 LURENE CIR
MONTGOMERY, AL 361094931

Patient Name: Darryl J Bronson
Member ID Number: 80451685202
Member Date of Birth: May 02, 1981
Provider Name: Dr. Lindsey Barton
PA Number: 102369759

Dear Darryl J Bronson:

Thank you for being a valued Blue Cross and Blue Shield of Alabama customer. The request for a Coverage Determination that was submitted to Blue Cross and Blue Shield of Alabama on January 17, 2025 for Ozempic 0.25 mg or 0.5 mg (2 mg/3 mL) subcutaneous pen injector has been reviewed.

There is an authorization for this medication in place that is active for more than 30 days. Authorization under a previous contract has been transferred to the new contract. Renewal is not required until 10/04/2025.

See the following pages for additional information. If you need help understanding this notice or our decision, you may call our Customer Service Department at the number on the back of your Blue Cross member ID card.

Thank you again for being a valued Blue Cross and Blue Shield of Alabama customer.

Sincerely,
Pharmacy Review

CC: Dr. Lindsey Barton

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P.O. Box 995 Birmingham, Alabama 35298-0001

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1/24/25
L. Barton
Pharmacy Review

Additional Information

This review does not guarantee payment or the existence of coverage under the plan. Benefits for eligible services are always subject to the existence of coverage under the plan and the terms and limitations of the plan in effect at the time the services are provided. A loss of coverage (including a retroactive contract termination) can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Benefits are subject to whether or not the provider is an in-network or out-of-network provider for the proposed procedure(s) under the terms of the plan at the time the service(s) are provided. This review does not make any determination about whether the provider is or will continue to be an in-network or out-of-network provider for the proposed procedure(s). Benefits may be denied or reduced if the provider is out-of-network for the proposed procedure(s) at the time the service(s) are provided.

Blue Cross and Blue Shield of Alabama's pharmacy policy is intended to provide a guide to coverage. Our pharmacy policy is not meant to dictate to physicians how to practice medicine. Physicians should exercise their medical judgement in providing the care they feel is most appropriate for their patients.

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbosal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Service, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.