



BlueCross BlueShield
of Alabama

FAX

October 07, 2024

Lindsey Barton
7461 EAST DR., SUITE 102
MONTGOMERY, AL 361172714

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: October 07, 2024

SENT TO:

Name: Dr. Lindsey Barton

Phone Number: 3342443281

Fax Number: 8447625059

SENT BY:

Name: Blue Cross and Blue Shield of Alabama

Phone Number: 866-205-5107

Fax Number: 866-606-6021

CONFIDENTIALITY NOTICE:

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**BlueCross BlueShield
of Alabama**

October 07, 2024

Darryl J Bronson
5621 CALMAR DR APT C
MONTGOMERY, AL 361161712

Patient Name: Darryl J Bronson
Contract ID: 80769783501
PA Number: 102297561

Dear Darryl J Bronson:

Thank you for being a valued Blue Cross and Blue Shield of Alabama customer. Coverage of your medication has been approved. Benefits will be provided based on the prescription drug coverage under your benefit plan.

On October 07, 2024, we reviewed and approved coverage of Ozempic 0.25 mg or 0.5 mg (2 mg/3 mL) subcutaneous pen injector for coverage from October 04, 2024 through October 04, 2025 for 13 fill(s) of 3 unit(s) for each fill.

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

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by fax (1-866-606-6021) and destroy all copies of the original message.

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

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Additional Information

This review and approval indicates only that your condition meets the pharmacy policy criteria for the proposed medication. It 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 also subject to the network participation of the pharmacy and provider at the time the service(s) is provided. This courtesy review and approval does not make any determination about whether the pharmacy or provider is, or will continue to be, an in-network or out-of-network pharmacy or provider for the proposed service(s). Benefits may be denied or reduced if the pharmacy or provider is out-of-network for the proposed service(s) at the time they 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 judgment 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@bcbsal.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>.