

[LOGO]

Notice of Denial of Medicare Prescription Drug Coverage

Date: _____

Enrollee's name: _____

Member ID number: _____

We have denied coverage of the following prescription drug(s) that you or your ~~prescriber~~ ~~physician~~ requested: _____

We denied this request because: _____

What If I Don't Agree With This Decision?

You have the right to appeal. If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline. You have **the right to ask us for an formulary exception** if you believe you need a drug that is not on our list of covered drugs (formulary) or that a coverage rule, such as prior authorization or a quantity limit, should not apply to you. You can also ask for a **tiering exception** if you believe you should get a drug at a lower cost-sharing amount. ~~You can also ask for an exception to utilization management tools, such as a dose-restriction or step therapy requirement.~~ Your ~~prescriber~~ ~~physician~~ must provide a statement to support your exception request.

Who May Request an Appeal?

You, your ~~prescriber~~ ~~doctor~~, or your representative may request an expedited (fast) appeal. You or your ~~representative~~ someone you name to act for you (your **appointed representative**) may request an standard appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative ~~act for you~~. Others may already be authorized under State law to be your representative ~~act for you~~.

You can call us at: (_____) _____ to learn how to ~~name~~ appoint your ~~a~~ appointed representative. If you have a hearing or speech impairment, please call us at TTY (_____) _____.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

For more information about your appeal rights, call us or see your Evidence of Coverage.

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours) - You, your prescriber~~doctor~~, or your representative can request an expedited (fast) appeal if you or your prescriber~~doctor~~ believe that your health could be seriously harmed by waiting up to 7 days for a decision. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- **If your prescriber the doctor who prescribed the drug(s)** asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
- If you ask for an expedited appeal without support from your prescriber~~doctor~~, we will decide if your health requires an expedited appeal. If we do not give you an expedited appeal, we will decide your appeal within 7 days.
- Your appeal will not be expedited if you've already received the drug you are appealing.

Standard (7 days) – You or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal.

What Do I Include with My Appeal Request?

You should include your name, address, Member ID number, the reasons for appealing, and any evidence you wish to attach. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescribing physician must indicate that all the drugs on any tier of our formulary would not be as effective to treat your

How Do I Request an Appeal?

For an Expedited Appeal: You, your prescriber~~doctor~~, or your appointed representative should contact us by telephone or fax at the numbers below:

Phone: () _____

Fax: () _____

For a Standard Appeal: You or your appointed representative should mail or deliver your written appeal request to the address(es) below:

What Happens Next? If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Contact Information:

If you need information or help, call us at:
Toll Free:
TTY:

Other Resources To Help You:

Medicare Rights Center
Toll Free: 1-888-HMO-9050
TTY:

Elder Care Locator
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

condition as the requested off-formulary drug
or would harm your health.