

## My Part D Plan Will Not Pay for a Drug I Need. What should I do?

If your doctor says no other drug covered by your plan will work for you, **you should formally ask your plan to cover the drug you need**—request an exception. If your request is approved, your plan will pay for your drug until the end of the calendar year. **To request an exception, you must include a letter of medical necessity from your doctor.**

### Tips on requesting an exception to your plan's list of covered drugs:

- **Submit your requests in writing and keep proof**, such as fax transmission reports, certified return mail receipts or phone logs, of when you submitted your request. **Save all paperwork you receive from your plan!**
- **If your health is in danger**, your doctor can request an “**expedited**”—or fast—decision.
- **Meet the deadlines**—and demand that your plan do the same.
- **If your doctor appeals on your behalf**, you may have to appoint your doctor as your representative. Use the attached “Appointment of Representative” (“Rep”) form).

—————➔ See chart on other side for details.

### Follow these steps and don't give up until your prescription is approved!

#### Step 1: Request an exception to the plan's formulary.

- You can request an exception to **cover the drug** or **waive restrictions** your plan has placed on your medication (such as prior authorization, step therapy or quantity/dosage limits).
- You or your doctor should send a copy of your doctor's letter and any medical records that support your request, such as medical histories or lab reports, to your plan.

#### Step 2: If your plan denies your request for an exception, appeal!

- Send the same materials from Step 1 to your plan's **Appeals Department**.
- Your doctor's letter should address the reason given for the denial—this may require **updating the original letter**. For example, s/he should confirm that other medications on your plan's formulary have not worked for you or why you require the prescribed dosage of the drug.
- Submit all receipts for out-of-pocket expenses for your drug and request reimbursement.

#### Step 3: If your plan denies coverage again OR does not respond within the required timeframe, get an independent review from the Independent Review Entity.

- Send all your documents—including any receipts for the denied prescription—to the Independent Review Entity (IRE). The current IRE is **Maximus Federal Services**. Maximus contracts with the federal government and is not affiliated with any Part D plan.
- Include your 10-digit Medicare number, date of birth and contact information on the appeal.

## Medicare Part D Appeals Process

### Request an Exception to Plan Formulary

(includes requests to remove coverage restrictions such as prior authorization, step therapy or quantity/dosage limits)

#### **Your doctor's supporting letter is key to your success.**

Call plan to find out where to submit a formulary exception request.

No "Rep" form needed if doctor submits request on your behalf.

#### **Standard Request**

Answer within 72 clock hours

#### **Expedited (urgent) Request**

Answer within 24 clock hours

### Appeal Your Plan's Decision

If your request is denied, your plan must send you a Notice of Denial with a reason for the denial.

Submit appeal to plan's **Grievance & Appeals Department** within **60 days** from date on Notice of Denial (see Notice of Denial for Grievance and Appeals contact information).

"Rep" form **is** needed if doctor submits a **standard** request on your behalf.

#### **Standard Appeal by Grievance and Appeals**

Answer in 7 calendar days

#### **Expedited Appeal by Grievance and Appeals**

Answer in 72 clock hours

### Request an Independent Review of Plan's Denial

If your request is denied, **submit appeal to IRE within 60 days** from date on the plan's denial notice:

Maximus Federal Services  
1040 First Ave. Suite 200, King of Prussia, PA 19406  
Tel. 877-240-6965, Fax 866-589-5241

"Rep" form **is** needed if doctor submits request on your behalf.

#### **Standard Independent Review by IRE**

Answer in 7 calendar days

#### **Expedited Independent Review by IRE**

Answer in 72 clock hours

**Further appeal rights**

**If you need help with your appeal, call the Medicare Rights Center at 888-466-9050.**