Troubleshooting Part D drug denials and appeals

When your Part D plan will not pay for your drug, you should receive a notice at the pharmacy titled Medicare Prescription Drug Coverage and Your Rights. This notice provides instructions on filing an exception request with your plan, which is the first step of the appeal process. (Note that this initial notice is not a formal denial.)

Follow the steps below to learn more about why your drug was not covered and to begin the appeal process—the steps apply whether you have a stand-alone Part D plan (PDP) or a Medicare Advantage Plan with Part D coverage.

Step 1	Call your plan to find out the reason it is not covering your drug. If the plan made an error, they should correct it. Ask your plan the following questions: • Is my drug on the plan's formulary? • Does my drug have a coverage restriction (requirement you must meet before you can get your drug, such as step therapy or quantity limits)? • Am I using an in-network pharmacy? The phone number for your Part D plan is written on the back of your plan benefit card.
Step 2	Once you know why your drug was not covered at the pharmacy, speak to your prescribing doctor or other provider about your options. • Make sure you are using an in-network pharmacy. • You may be able to try a comparable drug that is on the formulary.
Step 3	If switching to another drug is not an option, you can choose to file an exception request. Ask your doctor to write a letter of support to send to your plan requesting an exception to the plan's rules. This letter should explain why you need the drug and, if possible, how other medications to treat the same condition are dangerous or less effective for you.

Note: You can request a fast (expedited) exception request if you or your doctor feel that your health could be seriously harmed by waiting the standard timeline for a decision. If your doctor supports your decision to file an expedited exception request, the plan must follow the expedited timeline.

Tips for talking to your drug plan

Here are a few tips to help you communicate effectively with your insurance plan.

- Be sure you have carefully read any documents you received from the insurer before calling.
- Always write down the name and telephone extension of the plan representative handling your call. If someone is unable or unwilling to help you or provide you with needed information, ask to speak to a supervisor.
- Take notes, including the date and time of the call, the information you are given, and what you were told to do next.
- If the insurance representative asks you to send something, do it within a day or two. This will help ensure that the process moves smoothly. If you cannot act immediately, ask if there is a deadline for submission.
- Keep a copy of anything you send. In some cases, you may want to send materials via certified or registered mail.

If your plan or any plan representative is unhelpful, or if they refuse to answer your questions, call 1-800-MEDICARE (633-4227) and ask to file a complaint against your plan.

Definitions

Formulary: Your plan's list of covered drugs.

Network: Doctors, hospitals, and medical facilities that contract with a plan to provide services.

Prior authorization: You must get prior approval from the plan before it will cover a specific drug.

Step therapy: Your plan requires you try a different or less expensive drug first.

Quantity limits: Your plan only covers a certain amount of a drug over a certain period of time, such as 30 pills per month.