

## Drug Management Program Appeal Decision

Date:

Enrollee's name: *<Insert Name>*  
*<Street Address>*  
*<City, State Zip Code>*

Enrollee's ID Number: *<Insert Number>*

Plan Name: *<Insert Plan Name>*

Contract ID: *<Insert Contract ID>*

Formulary ID: *<Insert Formulary ID>*

Plan ID: *<Insert Plan ID>*

---

This letter is about your appeal of our decision to limit your access to prescription [insert as applicable: {*opioids*} or {*benzodiazepines*} or {*opioids and benzodiazepines*}]. **We reviewed your appeal and our decision on your case is not changing.** [If applicable, insert description of partial denial].

We denied your request to change our decision because: *<Insert the specific reason for denial and a description of any applicable Medicare coverage rule or any other applicable plan policy upon which the denial was based.>*

### **You have the right to an independent review**

We're required by law to forward your case for an independent review. **We forwarded your case to the independent reviewer on *<insert date>*. You don't need to take any action.**

To get a copy of the case file we sent to the independent reviewer, contact Customer Services at *<toll-free number>* *<days and hours of operation>*. TTY users can call *<toll-free TTY number>*. [Plan sponsor to indicate if there is a charge for the copy].

You also have the right to submit additional evidence about your case. To submit additional evidence, mail or fax it to the **independent reviewer** as soon as possible at:

#### Standard Mail:

C2C Innovative Solutions, Inc.  
P.O. Box 44166  
Jacksonville, FL 32231-4166

#### For mail sent by FedEx, UPS (or other courier):

C2C Innovative Solutions, Inc.  
301 W. Bay St., Suite 1110  
Jacksonville, FL 32202

#### Fax Numbers:

For Standard Appeals: (833) 710-0580  
For Expedited Appeals: (833) 710-0579

Phone: (833) 919-0198

Part D QIC Portal: [www.c2cinc.com//Appellant-Signup](http://www.c2cinc.com//Appellant-Signup)

## What happens next

The independent reviewer will review your case and give you a decision no later than 7 days after they get your appeal. If we processed your appeal as an expedited (fast) appeal, the independent reviewer will generally process it as a fast appeal, too.

If we processed your appeal as a standard appeal and you or your doctor believes that your health could be seriously harmed by waiting up to 7 days for a decision, you can ask the independent reviewer to give you a fast appeal. If your doctor tells the independent reviewer that waiting for 7 days could seriously harm your health, the independent reviewer will give you a decision no later than 72 hours after they get your appeal. If you ask for a fast appeal without support from your doctor, the independent reviewer will decide if your health requires a fast appeal.

If the independent reviewer's decision doesn't change our decision, you can appeal to an administrative law judge (ALJ) if the value of your appeal is at least *<insert AIC amount>*. If you disagree with the ALJ decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

## Get help and more information

Toll Free:

TTY:

Medicare Rights Center

Toll Free: 1-888-HMO-9050 (1-888-466-9050)

TTY:

Elder Care Locator

Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)