

<DATE>

<MEMBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <MEMBER NAME>:

This letter is to inform you that the prescription that you filled, (<drug name(s)>) at a network pharmacy on <date>:

\_\_\_\_\_ is not covered on our formulary.

\_\_\_\_\_ is not covered on our formulary, and we could not provide the full amount that was prescribed because of safety limits.

\_\_\_\_\_ requires prior authorization from <Plan name> before we will continue to pay for it.

\_\_\_\_\_ will be covered only if you try other drugs on our formulary first, as part of a step therapy program.

*[Include the following sentence only when the circumstance triggering a transition notification is that an enrollee did not receive the full amount of a non-formulary drug fill because of safety limits: We will allow you to refill <drug name> until we have provided you with a <must be at least 30> day supply, but we will not pay for it after that unless you obtain a formulary exception.] [Include the following sentence for all circumstances triggering a transition notification except that an enrollee did not receive the full amount of a non-formulary drug fill because of safety limits: Unless you obtain a formulary exception, we will no longer pay for <drug name>.] We strongly encourage you to call your doctor. He or she may switch you to another drug that is covered on our formulary, or you or your physician may request a formulary exception.*

### **How do I change my prescription?**

You can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, you can ask your doctor if any of these drugs is an option for you. If your doctor tells you that none of the drugs we cover for treating your condition is medically appropriate for treating your condition, you have the right to request a formulary exception from us. You also have the right to request a formulary exception if your doctor tells you that a prior authorization, quantity limit, or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

### **How do I request an exception?**

The first step in requesting an exception is for you or your prescribing doctor to contact us. <Provide the necessary address, fax number, and phone number>.

Your doctor must submit a statement supporting your request. The doctor's statement must indicate that the requested drug is medically necessary for treating your condition because none of the drugs we cover for treating your condition would be as effective as the requested drug or would have adverse effects for you. If the exception involves a prior authorization, quantity limit, or other limit we have placed on a drug you are taking, the doctor's statement must indicate that the prior authorization or limit would not be as effective for treating your condition or would have adverse effects for you.

Once the physician's statement is submitted, we must notify you of our decision no later than 24 or 72 hours, depending on whether the request is an expedited request or a standard request. Your request will be expedited if we determine, or your doctor tells us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

### **What if my request is denied?**

If your request is denied, you have the right to appeal by asking us to review our decision. You must request this appeal within 60 calendar days from the date of our first decision. <You must file a standard request in writing/we accept standard requests by telephone and in writing. We accept expedited requests by telephone and in writing. Provide the necessary address, fax number, and phone number>.

If you need help to ask for a formulary exception or for more information about our transition policy, please call <Customer/Member> Service at <phone number>. TTY/TDD users should call <TTY/TDD number>. We are available from <hours of operations>.

Sincerely,

<Plan Representative>