

## **Model Form Instructions Request for a Medicare Prescription Drug Coverage Determination**

### **Purpose of Model Form**

This model form was developed in response to requests from outside parties to provide guidance to enrollees and prescribers on requesting coverage determinations (including exception requests) from Part D plans. It is intended to provide basic information to enrollees and prescribers on how to ask for a coverage determination from a Medicare drug plan.

Under the Medicare Part D prescription drug benefit program, a Part D plan enrollee, the enrollee's representative, or the enrollee's doctor or other prescriber can request a coverage determination, including a request for a tiering or formulary exception. A request for a coverage determination can be made orally or in writing. **An enrollee, the enrollee's representative, or the enrollee's prescriber may submit a written request for a coverage determination in any format.**

### **Use of Model Form**

Use of this model form by an enrollee, representative or prescriber is **optional**. Plan sponsors must accept any written request for a coverage determination, including any request submitted on this model form. **If this model form is used, the Medicare drug plan may require additional information or documentation to support the request.**

Plan sponsors must populate all variable fields before posting or distributing this form. Plan sponsors choosing to modify this form in any way other than populating variable fields must submit the modified form for the appropriate marketing review process (for additional information, please refer to the Medicare Prescription Drug Benefit Manual, Chapter 3, section 90.7.3).

**Use of this model form is optional and its content may be changed.**