

Fact Sheet

Part D Drug Reconsideration Appeals Data – Q2 2025

Part D Drug Appeals Process

An appeal is the process by which an individual enrolled in a Medicare prescription drug plan (enrollee) may challenge a plan's coverage determination. Appeals begin with a request by an enrollee (or his or her representative) for a redetermination by the plan. If the enrollee is dissatisfied with the plan's redetermination, the enrollee may request a reconsideration by the Part D Independent Review Entity (IRE), which is also called the Part D Qualified Independent Contractor (Part D QIC). An enrollee who is dissatisfied with the IRE's decision may appeal to an Administrative Law Judge if their appeal meets the Amount in Controversy threshold. If the enrollee continues to be dissatisfied with the decision, additional appeal levels include the Medicare Appeals Council and federal judicial review.

The following data summarizes and highlights some of the key data on reconsiderations for the Medicare Prescription Drug Benefit Program from April 1, 2025, through June 30, 2025 (Quarter 2).

Reconsideration Volume

The Part D QIC received 18,668 reconsideration requests during Q2 of 2025. This represents a rate of 0.32 reconsiderations for each 1,000 Medicare beneficiaries enrolled.¹

Standard cases represented 75.76% of all appeals received and resulted in a rate of 0.24 standard cases for each 1,000 beneficiaries enrolled.

Retrospective cases represented 2.86% of all appeals received and resulted in a rate of 0.01 standard cases for each 1,000 beneficiaries enrolled.

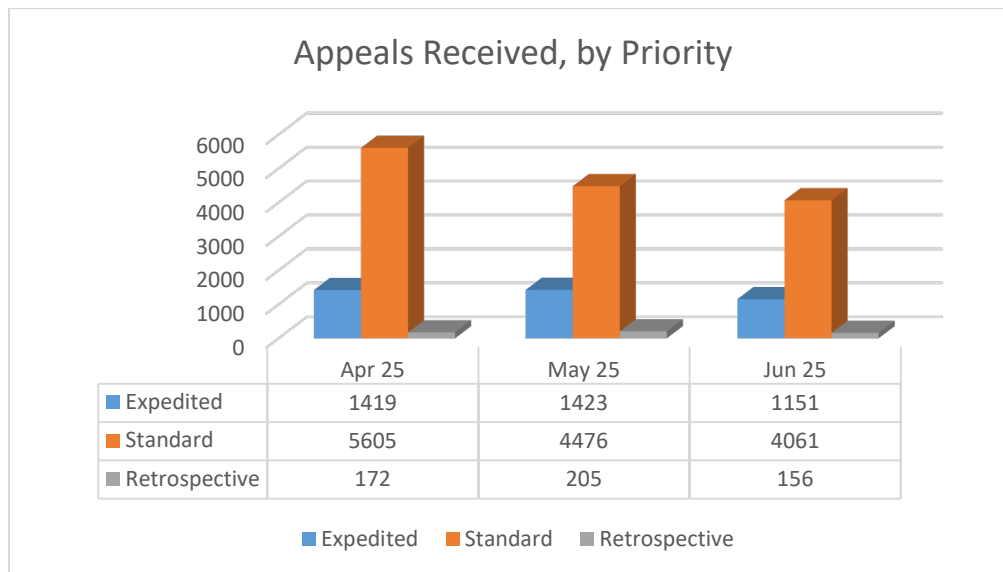
Expedited cases represented 21.39% of all appeals received and resulted in a rate of 0.07 expedited cases for each 1,000 beneficiaries enrolled.

Substantive cases are cases that include upheld, reversed or partially reversed decision only. Dismissals and withdrawals are not included in the substantive cases count.

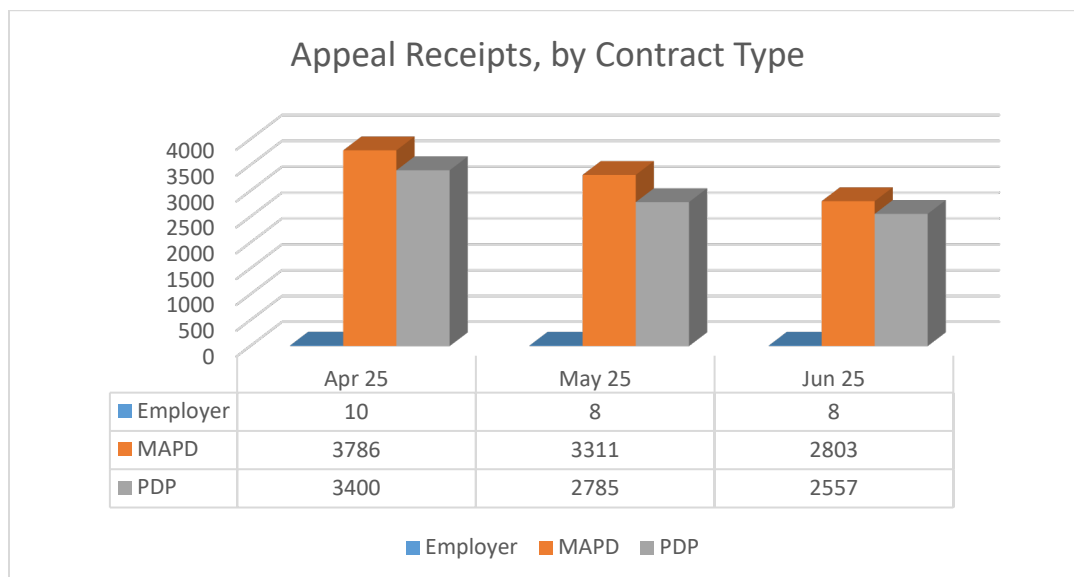
¹ Volume, divided by June enrollment (times 1,000), is used to calculate the annual rate of appeals per 1,000 enrollees.

Reconsideration Volume

Number of Appeals Received by the Part D Drug QIC, by Month



Part D Appeal Volume, by Contract Type



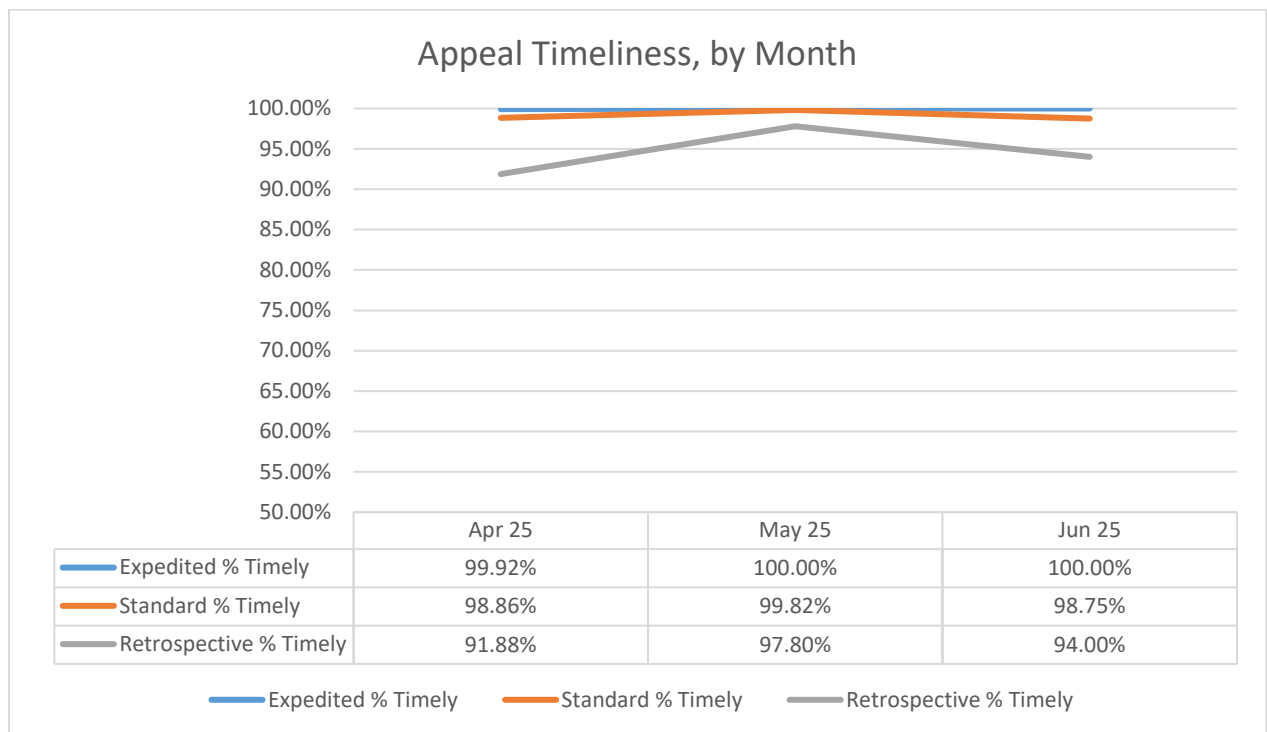
Note — MAPD: Medicare Advantage Prescription Drug Plan; PDP: Prescription Drug Plan; Employer: Prescription Drug Plan

Timeliness of Part D Reconsiderations

Overall Timeliness, by Month

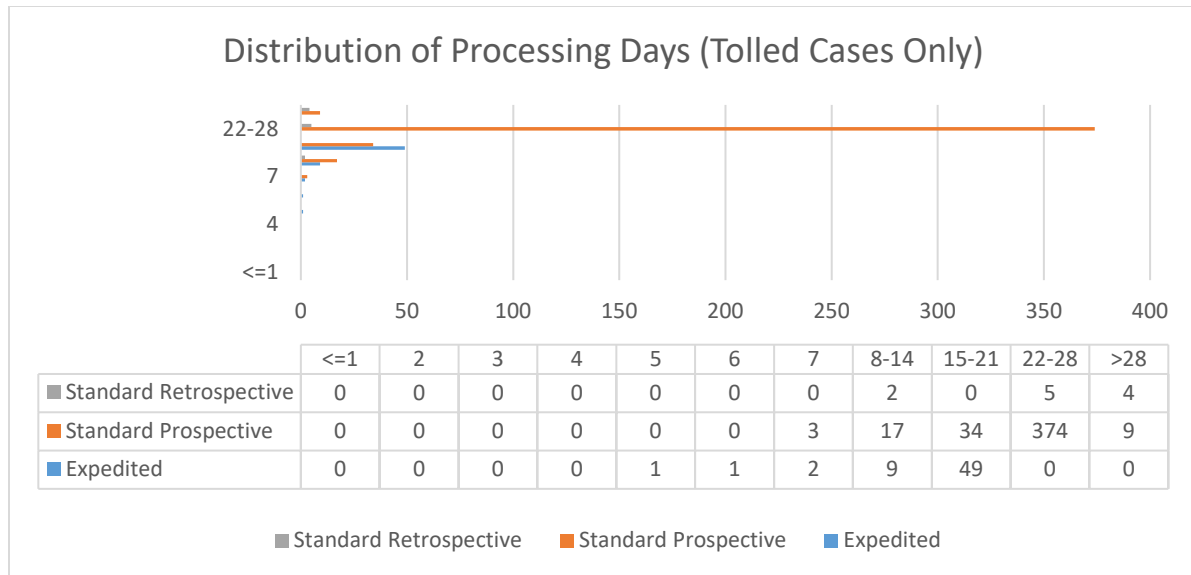
| Month | Total Appeals Decided | Total Timely | % Timely |
|-------|-----------------------|--------------|----------|
| April | 7401 | 7317 | 98.87% |
| May | 6345 | 6333 | 99.81% |
| June | 5765 | 5697 | 98.82% |

Reconsideration Timeliness, by Priority

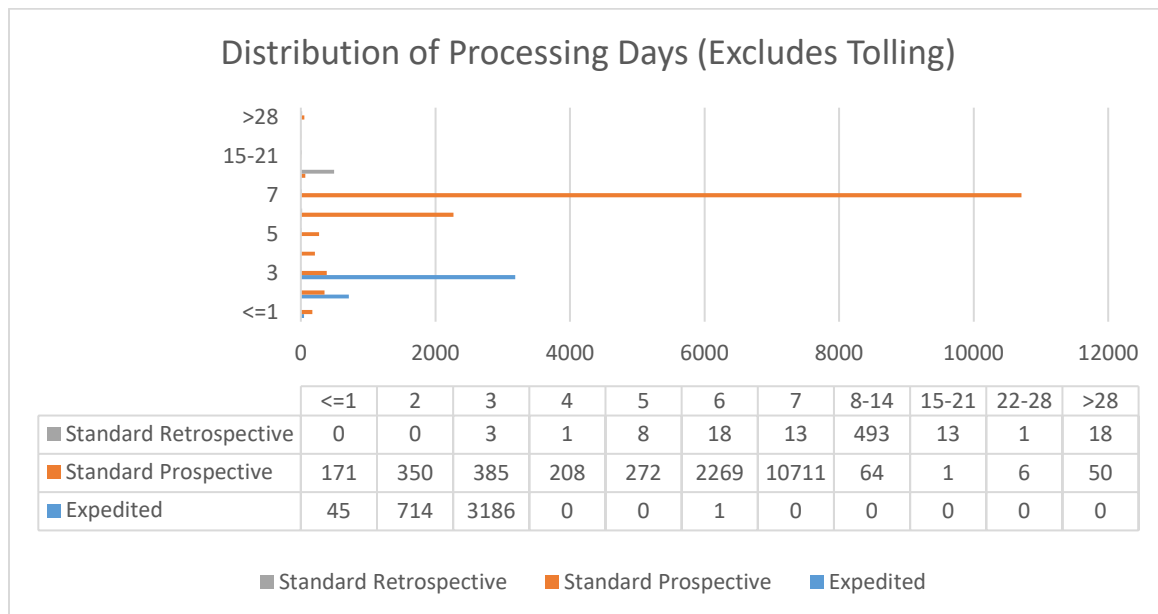


Adjudication timeframes vary based on appeal priority. Expedited appeals are completed within 72 hours unless tolling is warranted for a formulary exception request or an Appointment of Representation form for a representative-appellant. When tolling is warranted, the IRE may toll the case for up to 14 additional calendar days. Standard appeals are completed within seven days for pre-service cases or 14 days for retrospective (payment) cases. Standard pre-service cases may also be tolled for up to 14 additional calendar days, as warranted, for a formulary exception request or an Appointment of Representation form.

Average Processing Days, by Priority



The table above includes cases that tolled for information necessary to adjudicate the case. This action extends the duration of the case in order to allow the necessary information to be received and reviewed.



The table above excludes cases that tolled for information necessary to adjudicate the case.

Overturn Details

Types of Appeals and Rates of Reversal of Plan Denials

| Appeal Type | Total Cases | Substantive Cases | % of Cases | Reversals* | % Reversed | % of all Reversals |
|--|--------------|-------------------|---------------|------------|--------------|--------------------|
| Cost Sharing | 860 | 231 | 26.86% | 15 | 6.49% | 1.57% |
| Not covered under Part D | 8112 | 6250 | 77.05% | 265 | 4.24% | 27.78% |
| Out of Network (OON): no access OOA travel | 2 | 2 | 100.00% | 0 | 0.00% | 0.00% |
| Plan cost utilization tool disputed | 4584 | 4426 | 96.55% | 540 | 12.20% | 56.60% |
| Request for tiering exception | 1149 | 1068 | 92.95% | 2 | 0.19% | 0.21% |
| Request for drug not on formulary | 4804 | 4623 | 96.23% | 132 | 2.86% | 13.84% |
| Grand Total | 19511 | 16600 | 85.08% | 954 | 5.75% | 100.00% |

*Includes both partially favorable and fully favorable decisions

| Plan Denial | Total Cases | Substantive Cases | % of Cases | Reversals* | % Reversed | % of all Reversals |
|-------------------------------------|--------------|-------------------|---------------|------------|--------------|--------------------|
| At-Risk Determination | 10 | 8 | 80.00% | 0 | 0.00% | 0.00% |
| Cost-Sharing | 82 | 81 | 98.78% | 10 | 12.35% | 1.05% |
| Covered under A/B | 438 | 431 | 98.40% | 11 | 2.55% | 1.15% |
| Drug is not FDA approved | 177 | 173 | 97.74% | 4 | 2.31% | 0.42% |
| Not a Medically Accepted Indication | 2363 | 2330 | 98.60% | 92 | 3.95% | 9.64% |
| Off-Formulary | 4179 | 4023 | 96.27% | 126 | 3.13% | 13.21% |
| Other | 6018 | 3546 | 58.92% | 135 | 3.81% | 14.15% |
| Out of Network | 10 | 10 | 100.00% | 0 | 0.00% | 0.00% |
| Prescription Not Required | 2 | 2 | 100.00% | 0 | 0.00% | 0.00% |
| Purchased Outside of the US | 44 | 42 | 95.45% | 0 | 0.00% | 0.00% |
| Tiering Exception | 1082 | 1054 | 97.41% | 2 | 0.19% | 0.21% |
| Utilization Management | 5106 | 4900 | 95.97% | 574 | 11.71% | 60.17% |
| Grand Total | 19511 | 16600 | 85.08% | 954 | 5.75% | 100.00% |

*Includes both partially favorable and fully favorable decisions

**Cases may include exclusions such as manufacturer not participating in GAP, drug is classified by the FDA as a medical device or a food product, DESI drug, enrollee is in a patient assistance program (PAP), or the drug is being provided "incident to" a physician's service

Plan Type and Appeal Dispositions

| Contract Type | Substantive Disposition | | | | | | Total |
|---------------|-------------------------|-------|---------------------|-------|-------------|--------|-------|
| | Favorable | | Partially Favorable | | Unfavorable | | |
| | Number | % | Number | % | Number | % | |
| Employer | 1 | 4.35% | 0 | 0.00% | 22 | 95.65% | 23 |
| MAPD | 476 | 5.55% | 6 | 0.07% | 8100 | 94.38% | 8582 |
| PDP | 465 | 5.82% | 6 | 0.08% | 7524 | 94.11% | 7995 |
| Grand Total | 942 | 5.67% | 12 | 0.07% | 15646 | 94.25% | 16600 |

Appeal Priority and Appeal Dispositions

| Priority | Substantive Disposition | | | | | | Total |
|---------------|-------------------------|-------|---------------------|-------|-------------|--------|-------|
| | Favorable | | Partially Favorable | | Unfavorable | | |
| | Number | % | Number | % | Number | % | |
| Expedited | 272 | 6.92% | 3 | 0.08% | 3658 | 93.01% | 3933 |
| Standard | 670 | 5.29% | 9 | 0.07% | 11988 | 94.64% | 12667 |
| Prospective | 635 | 5.22% | 4 | 0.03% | 11525 | 94.75% | 12164 |
| Retrospective | 35 | 6.96% | 5 | 0.99% | 463 | 92.05% | 503 |
| Grand Total | 942 | 5.67% | 12 | 0.07% | 15646 | 94.25% | 16600 |

PART D DRUG FACT SHEET

Rates of Overturn of Plan Denial Reasons

| Plan Denial Reason | Substantive Decisions | % of Substantive Decisions | Favorable (Reversals) | Partially Favorable (Part Reverse) | % Overturned | % of all Overturns |
|--|-----------------------|----------------------------|-----------------------|------------------------------------|--------------|--------------------|
| Cost-sharing | | | | | | |
| Copay/Coinsurance Applied | 31 | 0.19% | 2 | 0 | 6.45% | 0.21% |
| Deductible Not Met | 3 | 0.02% | 0 | 0 | 0.00% | 0.00% |
| Drugs purchased prior to coverage criteria | 69 | 0.42% | 11 | 3 | 20.29% | 1.47% |
| Initial Coverage Limit Reached | 2 | 0.01% | 0 | 0 | 0.00% | 0.00% |
| Coverage Rules | | | | | | |
| Other-Coverage Rules | 20 | 0.12% | 3 | 0 | 15.00% | 0.31% |
| Prior Authorization rules not met | 3355 | 20.21% | 512 | 1 | 15.29% | 53.77% |
| Quantity Limit rules not met | 193 | 1.16% | 2 | 4 | 3.11% | 0.63% |
| Step Therapy rules not met | 250 | 1.51% | 37 | 0 | 14.80% | 3.88% |
| Exception | | | | | | |
| Not on formulary | 4371 | 26.33% | 148 | 0 | 3.39% | 15.51% |
| PA Exception criteria not met | 16 | 0.10% | 2 | 0 | 12.50% | 0.21% |
| Quantity Limit exception criteria not met | 20 | 0.12% | 1 | 0 | 5.00% | 0.10% |
| Step Therapy exception criteria not met | 4 | 0.02% | 0 | 0 | 0.00% | 0.00% |
| Tiering exception criteria not met | 784 | 4.72% | 2 | 0 | 0.26% | 0.21% |
| Exclusion | | | | | | |
| Anorexia drug | 1 | 0.01% | 0 | 0 | 0.00% | 0.00% |
| Cosmetic Purposes or hair grow | 12 | 0.07% | 0 | 0 | 0.00% | 0.00% |
| Covered under A or B | 482 | 2.90% | 12 | 0 | 2.49% | 1.26% |
| DESI Drugs | 5 | 0.03% | 0 | 0 | 0.00% | 0.00% |
| Fertility Drug | 1 | 0.01% | 0 | 0 | 0.00% | 0.00% |
| Manufacturer Tying Arrangement | 38 | 0.23% | 1 | 0 | 2.63% | 0.10% |
| Not FDA Approved Drug | 229 | 1.38% | 2 | 0 | 0.87% | 0.21% |
| Not Medically Accepted Indication | 3708 | 22.34% | 146 | 1 | 3.96% | 15.41% |
| OTC Drug | 46 | 0.28% | 0 | 0 | 0.00% | 0.00% |
| Other-Exclusion | 50 | 0.30% | 0 | 0 | 0.00% | 0.00% |
| Relief of Cough and Colds | 12 | 0.07% | 0 | 0 | 0.00% | 0.00% |
| Sexual and Erectile Dysfunction | 96 | 0.58% | 5 | 0 | 5.21% | 0.52% |
| Vitamins and Minerals | 53 | 0.32% | 0 | 0 | 0.00% | 0.00% |
| Weight loss or Weight Gain drug | 906 | 5.46% | 4 | 0 | 0.44% | 0.42% |
| No Exception | 1843 | 11.10% | 52 | 3 | 2.98% | 5.77% |
| Grand Total | 16600 | 100% | 942 | 12 | 5.75% | 100.00% |

PART D DRUG FACT SHEET

Rates of Substantive Reason, by Substantive Decision

| Reason | Substantive Decision | | | | | | Total |
|---|----------------------|--------|---------------------|-------|-------------|---------|-------|
| | Favorable | | Partially Favorable | | Unfavorable | | |
| | Number | % | Number | % | Number | % | |
| Appellant Dismissal-IRE Agrees with Plan | 0 | 0.00% | 0 | 0.00% | 5 | 100.00% | 5 |
| Contract Ambiguity | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% | 2 |
| Cost Sharing / Benefit Limits | 36 | 10.84% | 3 | 0.90% | 293 | 88.25% | 332 |
| Exclusion - B vs D | 7 | 1.29% | 0 | 0.00% | 535 | 98.71% | 542 |
| Not a Medically Accepted Indication | 77 | 1.25% | 1 | 0.02% | 6105 | 98.74% | 6183 |
| Off-Formulary Exception | 147 | 4.25% | 0 | 0.00% | 3310 | 95.75% | 3457 |
| OON Rules | 0 | 0.00% | 0 | 0.00% | 30 | 100.00% | 30 |
| Prior Authorization Exception | 70 | 80.46% | 0 | 0.00% | 17 | 19.54% | 87 |
| Prior Authorization Rules | 585 | 21.17% | 0 | 0.00% | 2178 | 78.83% | 2763 |
| Quantity Limit Exception | 2 | 5.13% | 1 | 2.56% | 36 | 92.31% | 39 |
| Quantity Limit Rules | 4 | 1.61% | 5 | 2.01% | 240 | 96.39% | 249 |
| Statutory Exclusion | 1 | 0.06% | 2 | 0.12% | 1689 | 99.82% | 1692 |
| Step-Therapy | 11 | 14.86% | 0 | 0.00% | 63 | 85.14% | 74 |
| Step-Therapy Exception | 0 | 0.00% | 0 | 0.00% | 13 | 100.00% | 13 |
| Tiering Exception (TE) Brand Drug, Lower Tier Generic | 0 | 0.00% | 0 | 0.00% | 7 | 100.00% | 7 |
| TE Criteria Met | 2 | 66.67% | 0 | 0.00% | 1 | 33.33% | 3 |
| TE Criteria Not Met | 0 | 0.00% | 0 | 0.00% | 536 | 100.00% | 536 |
| TE for Non-Formulary Drug | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% | 10 |
| TE for Specialty Tier Drug | 0 | 0.00% | 0 | 0.00% | 53 | 100.00% | 53 |
| TE for Tier 1 Drug | 0 | 0.00% | 0 | 0.00% | 20 | 100.00% | 20 |
| TE No Lower Tier Alternatives | 0 | 0.00% | 0 | 0.00% | 492 | 100.00% | 492 |
| Tier 4 Brand Drug, Lower Tier Generic | 0 | 0.00% | 0 | 0.00% | 11 | 100.00% | 11 |
| Grand Total | 942 | 5.67% | 12 | 0.07% | 15646 | 94.25% | 16600 |

Rates of Disposition, by Tolling Type

| Tolling Type | Substantive Decision | | | | | | Total |
|--|----------------------|-------|---------------------|-------|-------------|---------|-------|
| | Favorable | | Partially Favorable | | Unfavorable | | |
| | Number | % | Number | % | Number | % | |
| Appointment of Representation (AOR) Form | 0 | 0.00% | 0 | 0.00% | 15 | 100.00% | 15 |
| Prescribing Physician Statement | 15 | 7.54% | 0 | 0.00% | 184 | 92.46% | 199 |
| Grand Total | 15 | 7.01% | 0 | 0.00% | 199 | 92.99% | 214 |