DRUG PLAN APPEALS

Your prescription drug plan may deny coverage for a drug:

1. Drug is not in their formulary.
2. Drug is required to have prior authorization, step therapy or quantity limits.

Also your plan could charge more because your drug is in expensive co-pay tier. If there are alternative drug(s) for treating your medical condition at a lower cost-sharing tier than your drug, you can request a reduction of your co-pay.

When you know why you drug was not covered, speak to your prescribing physician about your options. You may be able to try a comparable drug that is in the formulary. If switching to another drug is not an option, you can choose to file an exception request.

EXCEPTION REQUEST - If your plan denies coverage of your drug, 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 are dangerous or less effective for you. Your doctor can also request an expedited decision. You should get a decision from the plan within 72 hours or within 24 hours if an expedited request is approved. If successful, your drug is covered. If the Exception is unsuccessful, you can file an appeal.

APPEAL LEVELS

Level 1 - to the plan (Redetermination) If your exception request is denied, your plan should send you a Notice of Denial of Medicare Prescription Drug Coverage. You have 60 days from the date listed on this notice to file an appeal with your plan. Follow the directions on the notice. Have your doctor appeal on your behalf, or ask your doctor to write a letter of support addressing the plan's reasons for not covering the needed drug. Your plan should issue a decision within 7 days or within 72 hours if an expedited request is approved. If successful, your drug is covered.

Level 2 - IRE If level 1 appeal is denied, you can appeal to the Independent Review Entity (IRE) within 60 days of the date listed on your appeal denial. The IRE should issue a decision within 7 days or within 72 hours if an expedited request is approved. If successful, your drug is covered.

Level 3 – OMHA If level 2 appeal is denied, you can choose to appeal to an Administrative Law Judge at the Office of Medicare Hearings and Appeals (OMHA) within 60 days of the date on your IRE denial letter. Complete form OMHA-100 to request this appeal. The value of the drug must exceed $180.

Usually a hearing is held by phone or video tele-conference. It may also be in person. You will receive a notice of the hearing 20 days prior. You can ask for a decision without attending a hearing by filing form OMHA-104. OMHA should issue a decision within 90 days or if you are filing an expedited appeal within 10 days. If successful, your drug is covered.

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Level 4 – Council If level 3 appeal is denied and your drug is worth at least $180 in 2024, you can choose to appeal to the Appeals Council within 60 days of the date on your OMHA level denial letter. The Council should issue a decision within 90 days or if you are filing an expedited appeal within 10 days. If successful, your drug is covered.

Level 5 – District Court If level 4 appeal is denied and your drug is worth at least $1,840 in 2024, you can appeal to the Federal District Court within 60 days of the date on your Council denial letter. There is no timeframe for the Federal District Court to make a decision about your appeal. If successful, your drug is covered.