

Millions of people now get their medications through Medicare's Prescription Drug Benefit. If your pharmacy tells you that a medication is not covered by your plan, or your plan requires a higher co-payment for your medication than for other similar medications, you have the right to have that decision reviewed and possibly changed by requesting an exception.

How do I know if I qualify for an exception?

Once you have signed up for a prescription drug plan under the new Medicare Prescription Drug Benefit, you can ask your plan for an exception in the following instances:

- If a medication is not covered on the plan's list of covered drugs (the formulary).
- If a co-payment for a medication is higher than other medications in the same category.
- If the plan requires prior authorization or that you first try another medication preferred by the plan (called step therapy).
- If the plan has placed limits on the dosage or number of pills available (called quantity limits).

What happens when I request an exception?

Your prescription drug plan will review your request and make a decision based on whether your medication is medically necessary. Every prescription drug plan is required by law to have a process so that an individual can ask for an exception. Plans must answer the first request (called a coverage determination) no later than 72 hours (or 24 hours in an emergency) after the request is made and the physician's supporting statement is submitted. If the plan denies the first request, you may ask for a review of that decision (called an appeal). There are six levels:

1. Exception (Coverage Determination) by the Plan
2. Appeal 1: Re-determination by the Plan
3. Appeal 2: Reconsideration by an Independent Review Entity
4. Appeal 3: Administrative Law Judge
5. Appeal 4: Medicare Appeals Council
6. Appeal 5: Federal Court

Important Note: If a request for exception or appeal is granted at any stage, the coverage for the medication in question will extend for one year from the date of decision.

Tips for Seeking Exceptions and Appeals

- If your pharmacist says your medication is not covered or requires prior authorization or step therapy, first call your plan and ask them to cover the medication (an exception).
- You may get help from a case manager, your doctor, family member, and others to help you ask for an exception or appeal.
- Call your doctor and ask them to fill out the plan's exception form or call the plan to tell them why your medication, the quantity or dosage is medically necessary.
- Get the decision in writing!
- If your request is denied, you need to decide whether to ask for another review by the plan (an appeal) or work with your doctor to choose a medication that is covered by your plan.
- Notify NMHA if you encounter problems by contacting the Resource Center at 1-800-969-6642.

Resources You Can Use

- [Medicare Rx Frequently Asked Questions](#), National Mental Health Association
- [Medicare Rx Consumer Workbook](#), National Mental Health Association
- [Medicare Part D Appeals: A Mixed Bag for Enrollees](#), Center for Medicare Advocacy
- How to File a Complaint, Coverage Determination, or Appeal, Centers for Medicare and Medicaid Services <http://www.medicare.gov/publications/pubs/pdf/11112.pdf>
- [Provider Communication Form](#), Centers for Medicare and Medicaid Services

