

<p style="text-align: center;">Model Form Instructions Request for a Medicare Prescription Drug Coverage Determination</p>

Purpose of Model Form

This model form was developed in response to requests from outside parties to provide guidance to enrollees on requesting coverage determinations (including exception requests) from Part D plans. It is intended to provide basic information to enrollees 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 can request a coverage determination, including a request for a tiering or formulary exception. A request can also be made on behalf of the enrollee by the enrollee's appointed representative or the enrollee's prescribing physician. A request for a standard coverage determination is generally made in writing, but a plan can choose to accept oral requests. A request for an expedited coverage determination can be made orally or in writing. An enrollee, the enrollee's appointed representative, or the enrollee's prescribing physician may submit a written request for a coverage determination in any format.

Use of Model Form

Use of this model form is **optional**. The **format and content of this model form may be changed** by any person or entity (e.g., enrollee, Part D plan) that uses it. Enrollees, appointed representatives, and prescribing physicians who wish to use this form should contact the enrollee's Medicare drug plan to find out if the plan uses a different form. **If this model form is used, the Medicare drug plan may require additional information or documentation to support the enrollee's request.** A plan that chooses to use this model form should modify the form, as necessary, to include information on relevant plan policies and procedures.

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