

Form Instructions
Request for a Medicare Prescription Drug Coverage Determination

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