Requesting an Exception from Your Health Plan

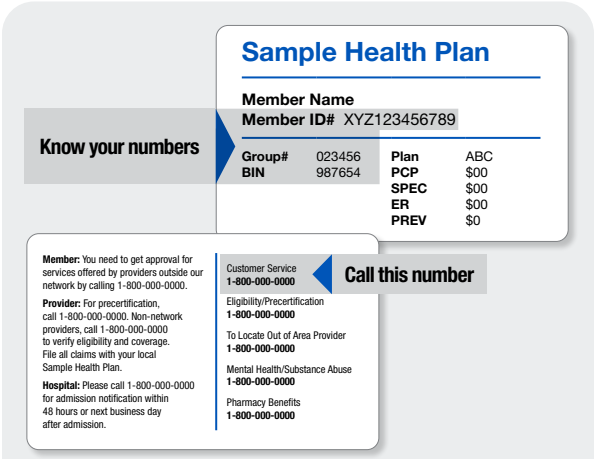
A General Overview

Have you been notified that your medication is not covered by your health plan or that you need to meet other requirements before obtaining it?

You can call your health plan and request an "exception" for coverage of your medication. Here are steps you may follow:

1 Prepare for the call

- Have your Group# and the BIN# on the front of your health insurance card ready. If there is no Group# on your card, you can use your Member ID#
- Locate the Customer Service 800# on the back of your health insurance card



For illustration purposes only—your card may look different

2 Make the call

- Call the Customer Service 800# and ask to speak with the "Exceptions and Appeals Representative," if there is one
- Ask the representative to give you information about your health plan's "Exceptions and Appeals Process," any required forms, and what you need to do to request an exception

3 Work with your doctor's office

- Obtain the information needed for submission of an exception request
- Follow the health plan's policy guidelines and observe their timeline

Use the Checklist on the next page to help make sure you follow your health plan's requirements for an exception request.

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Actor portrayals.

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This is an overview of some steps you may follow for the exceptions and appeals process.

Steps toward obtaining my medication:

		Yes	No
1	I have been notified that my medication is not covered by my health plan or that I will need to pay a high price or meet other requirements before obtaining it	☐	☐
2	I have contacted my health plan for guidance in requesting an exception to coverage determination, including what information is required and how to submit the request	☐	☐
3	I have obtained the correct form from my health plan, or because I am enrolled in a Medicare Part D plan I will use the "Request for Medicare Prescription Drug Coverage Determination" form available from Medicare	☐	☐
4	I have discussed the situation with my doctor and requested the information required by my health plan and a supporting statement, as needed	☐	☐
5	If filing an appeal, I have followed all steps in my health plan's appeal process in the order specified	☐	☐
6	I understand that the timing of a response from my health plan will vary depending on my plan and the state I live in	☐	☐
7	I have checked with my health plan for any special or required rules for obtaining the medication	☐	☐
8	I have discussed the options for obtaining my medication with my doctor and have evaluated my options	☐	☐

Resource	Website
Centers for Medicare & Medicaid Services (CMS) • Request for Medicare Prescription Drug Coverage Determination Form	cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/CoverageDeterminations-
Medicaid Exceptions and Appeals Processes (may vary from state to state)	medicaid.gov/about-us/contact-us/contact-state-page.html

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