{{CVS\_LOGO}} <<CLIENT\_LOGO>>

**Notice of Adverse Determination**

Date: {{TODAY}}

{{TOFIRST}} {{TOLAST}}

{{TOADDRESS1}} <<TOADDRESS2>>

{{TOCITY}}, {{TOSTATE}} {{TOZIP}}

Plan Member Name: {{MEMFIRST}} {{MEMLAST}}

Plan Member ID: {{MEMBERID}}

Plan Name: {{DISPLAY\_PAGNAME}}

Prescriber Name: {{PHYFIRST}} {{PHYLAST}}

Prescriber Phone: 1-{{PHYSICIANPHONE}}

Prescriber Fax: 1-{{PHYSICIANFAX}}

Dear {{MEMFIRST}} {{MEMLAST}}:

CVS Caremark® received a request for coverage of {{APPROVEDDRUG}} for you. This is the initial adverse determination for this request. The request was denied because:

{{DENIALREASON}} <<DENIALNOTES>>

You may ask for a free copy of the actual benefit provision, guideline, protocol or other similar criterion used to make the decision and any other information related to this decision by calling Customer Care toll-free at the number on your benefit ID card.

You may also choose to purchase this medicine at your own expense. For more information regarding your prescription benefit, please refer to your benefit plan materials.

If you disagree with this decision, you may ask for an appeal**.** Please mail or fax your appeal to:

{{APPEAL\_FIRST\_NAME}} <<APPEAL\_LAST\_NAME>>

{{APPEAL\_ADDRESS1}} <<APPEAL\_ADDRESS2>>

{{APPEAL\_CITY}}, {{APPEAL\_STATE}} {{APPEAL\_ZIP}}

Fax: 1-{{APPEAL\_FAX}}

If your situation is urgent as defined by law, you may ask for an expedited appeal.

Important information about your appeal rights and directions about how to ask for an appeal are provided with this letter.

If your prescriber would like to discuss this decision with a clinical reviewer at CVS Caremark, your prescriber can call CVS Caremark, and we will arrange to make someone available to speak with your prescriber.

If you belong to a group plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may also have the right to bring a civil action under ERISA Section 502(a). Your plan may impose time limits on bringing a civil action under ERISA. Please refer to your benefit plan materials or contact your plan administrator for more information, including information about any time limits your plan may impose on bringing a civil action.

If you have questions, please call Customer Care toll-free at the number on your benefit ID card or in your benefit plan materials.

Sincerely,

CVS Caremark

Enclosures

cc: Dr. {{PHYFIRST}} {{PHYLAST}}

PA# {{DISPLAY\_PAGNAME}} {{PANUMBER}} {{USER}}

Plan-approved Criteria: {{PACDESCRIPTION}}

Claim Amount (if available): <<COPAY>>

Service Date: {{RESOLUTIONDATE}}

If your prescriber included diagnosis or treatment codes with your claim for {{APPROVEDDRUG}} to CVS Caremark, that information is listed here:

ICD diagnosis code: <<ICD9>>

Associated diagnosis: <<DIAGNOSIS>>

CPT treatment code: <<CPT\_CODES>>

Associated treatment: <<CPT\_DESCRIPTION>>

You may wish to contact your prescriber for more information about these codes.

**Questions? Do you need help in a different language or format?** If you do not speak English or have special needs, oral interpretation and alternate formats of this notice are available, as is other assistance, by contacting us at the number on your benefit ID card.

**Spanish:**

Si usted necesita asistencia o necesita hablar con alguien en Español, por favor llame al número gratuito de Servicio al Cliente ubicado en su tarjeta de identificación de beneficios.

**Chinese (simplified):**

如果您需要帮助，或需要同中国人讲话，请拨打您的福利卡上面的客户服务免费电话号码。

**Tagalog:**

Kung kailangan ninyo ng tulong o kailangan ninyong makipag-usap sa isang tao sa Tagalog, mangyari lamang na tumawag nang walang-bayad sa Serbisyo sa Kostumer sa numero na nakasulat sa inyong ID kard ng benepisyo.

**Navajo:**

Sh7ka at’ohwol ei doodaii’ din4k’ehgo l2 bi’ch8 haadeedziih n7n7zin7go, t’11 sh--d7, t’11 j77k’e ya ndaaln7sh7, ni naaltsoos bik1a’gi bi’ch8 hodiilniih.

**Important Information about Your Right to Appeal**

**What if I need help understanding this denial?** Please call Customer Care toll-free at the number on your benefit ID card or in your benefit plan materials if you need assistance understanding this notice or our decision to deny you a service or coverage.

**What if I don’t agree with this decision?** You have a right to appeal any decision not to provide coverage or pay for an item or service (in whole or in part).

**How do I file an appeal?** If you choose to submit an appeal, it must be received within 180 days of receipt of this letter. Please send us anything that shows why this drug should be covered under your health benefit plan. You may send a letter from your prescriber describing why this medicine is necessary, clinical notes, test results or any other supporting documentation. Please mail or fax your appeal to:

{{APPEAL\_FIRST\_NAME}} <<APPEAL\_LAST\_NAME>>

{{APPEAL\_ADDRESS1}} <<APPEAL\_ADDRESS2>>

{{APPEAL\_CITY}}, {{APPEAL\_STATE}} {{APPEAL\_ZIP}}

Fax: 1-{{APPEAL\_FAX}}

**Who may file an appeal?** You or your prescriber may file an appeal. You may also have a relative, friend, advocate, or anyone else (including an attorney) act on your behalf as your authorized representative.

**How long will it take to review my appeal?** Your appeal will be reviewed and a decision made no later than 15 days after your request is received if your plan has two levels of internal appeal or 30 days if your plan has only one level of internal appeal. The standard process allows time for us to effectively coordinate with your health care provider. An appeal request that meets the definition of urgent under the law will be reviewed and a decision made within 72 hours. You will receive a letter that responds to your appeal and explains our decision.

**What if my situation is urgent?** If your situation meets the definition of urgent under the law, your request will be reviewed on an expedited basis. Generally, an urgent situation is defined by law as one in which your health is in serious jeopardy; or in the opinion of your prescriber, you will experience pain that cannot be adequately controlled while you wait for a decision on your appeal. You or your prescriber may ask for an expedited appeal by calling Customer Care toll-free at the number on your benefit ID card or by faxing your appeal to 1-{{APPEAL\_FAX}}. Urgent requests must be clearly identified as “urgent” when submitted. At the same time you ask for an expedited appeal, you may also ask for an expedited external review. External review requests must be clearly identified as an “external review” when submitted. Please see your benefit materials or call the phone number on your benefit ID card if you have questions.

**Can I provide additional information about my claim?** Yes, you may supply any additional information when you submit your appeal.

**Can I ask for copies of information relevant to my claim?** Yes, you may ask for copies of your file and any other relevant documents free of charge by calling the toll-free Customer Care number on your benefit ID card.

**What happens next?** If you appeal, your plan will review the decision and provide you with a written determination. If we continue to deny the payment, coverage or service requested, or you do not receive a timely decision, you may have a right to ask for an external review of your claim by an independent third party, who will review the denial and issue a final decision.

If you belong to a group plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may also have the right to bring a civil action under ERISA Section 502(a). Your plan may impose time limits on bringing a civil action under ERISA. Please refer to your benefit plan materials or contact your plan administrator for more information, including information about any time limits your plan may impose on bringing a civil action.

If you are a participant or beneficiary in an employer-sponsored health plan, you may contact the U.S. Department of Labor’s Employee Benefits Security Administration at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)** for additional help.

Additional help may be available to you from your State Consumer Assistance Program. A list of those programs and their contact information is included at the end of this letter.

<<CLINICALRATIONALE>>

 

