

DO YOU NEED HELP WITH A REQUEST OR AN APPEAL FOR COVERAGE OF A PRESCRIPTION DRUG?



TERMS YOU SHOULD KNOW

Managed Care Health Insurance Plan (MCHIP) – a health carrier, such as a Health Maintenance Organization (HMO), an Exclusive Provider Organization (EPO), or a Preferred Provider Organization (PPO), that provides covered services and medications in an efficient and cost-effective manner, to help control the cost of your coverage.

Formulary – A list of prescription medications approved by the MCHIP.

Sometimes the MCHIP requires prior approval of certain prescription drugs before the drug is covered (pre-authorization) or requires the patient to try other medications before “stepping up” to certain drugs (step therapy). Non-Formulary prescription medications *may* be covered.

COMMON REASONS WHY YOUR PRESCRIPTION DRUG MAY NOT BE COVERED:

- ✓ *You did not receive the required pre-authorization for your prescribed drug;*
- ✓ *You did not follow the steps required by your MCHIP to try another drug instead of the drug prescribed by your physician (step therapy);*
- ✓ *The prescribed drug is considered experimental or investigational;*
- ✓ *Your drug is not recognized by the U.S.F.D.A. to treat your condition;*
- ✓ *The drug you were prescribed is not in your MCHIP's formulary;*
- ✓ *The drug you have been receiving is no longer in your MCHIP's formulary.*

Generally, MCHIPs have processes in place to review requests or appeals from covered persons or the person's prescriber related to the above scenarios. You may contact the Office of the Managed Care Ombudsman to assist you.



The following information may be helpful in requesting coverage or appealing a denial of coverage for a prescription drug. Your prescribing physician should have the necessary clinical information:

- ✓ Medical records regarding your health history and medication history, including past drug trials and results;
- ✓ History of any adverse reactions or side effects you have had to similar medications (over-the-counter or prescribed), or generic equivalents that were not effective;
- ✓ If applicable, ask your prescriber to complete a drug authorization form;
- ✓ If you received a denial letter for the medication, ensure that any information provided in response to the MCHIP directly addresses the reasons for denial specified in the letter.

THE OFFICE OF THE MANAGED CARE OMBUDSMAN CONTACT INFORMATION

ADDRESS: Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

TELEPHONE: TOLL-FREE: 1-877-310-6560
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