

# Medicare Part D— Your Pathway to Successful Appeals



**For Medicare Part D plans and Medicare Advantage (MA) plans** that include Part D coverage, initial authorizations are sometimes denied<sup>1</sup>



**Denials can be appealed**—most Medicare Part D appeals are successful<sup>2</sup>

**The appeal process is similar for stand-alone Part D plans and MA plans with Part D coverage.<sup>1</sup>**



**You and your patients can make the choice to request an appeal.**

If Medicare formulary changes are impacting your patients' continuity of care, CMS provides a clear path forward.

# CMS Roadmap to Successful Appeals

For an initial denial, your patient will receive a **Notice of Denial** (example below), which will state the reasoning for the plan's decision and instructions for appealing it.<sup>3</sup>

**Notice of Denial of Medicare Part D Prescription Drug Coverage**

Member Number: \_\_\_\_\_

**Coverage of your drug was denied**  
We denied coverage under Medicare Part D for the following drug(s) you or your prescribing provider asked for:

**Why was coverage for this drug denied?**  
We denied coverage for this drug because {Provide specific rationale for the denial, including any applicable Medicare coverage rule or Part D plan policy. See instructions for additional detail.}

Share this notice with your prescribing provider and discuss next steps. If your prescribing provider asked for coverage for this drug on your behalf, we already shared this denial notice with them.  
(Language to be inserted, as applicable, for prescription drugs that are or may be covered under Medicare Parts A or B):  
{Medicare Advantage plans that also provide Part D coverage (MA-PDs): (This request was denied under Medicare Part D because coverage/payment for the requested drug(s) has been approved under Medicare Part A/B (explain the conditions of approval in a readable and understandable format). If you think Medicare Part D should cover this drug for you, you can appeal.)}

Form CMS-10146 OMB Approval No. 0938-0976 (Expires 11/30/2027)

## Why was coverage for this drug denied?

We denied coverage for this drug because {Provide specific rationale for the denial, including any applicable Medicare coverage rule or Part D plan policy. See instructions for additional detail.}

## You have the right to appeal this decision

You have the right to ask us to review our decision by asking us for an appeal within 65 calendar days of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late.

You or your prescribing provider have the right to ask us for a special type of appeal called an **"exception."** Your prescribing provider must provide a statement to support your exception request. Examples of an exception are:

- **Formulary exception:** you need a drug that's not on our list of our covered drugs (formulary).
- **Coverage rule exception:** you think a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons.
- **Tiering Exception:** you need to take a non-preferred drug that's on a higher cost-sharing tier, and you want our plan to cover the drug at a lower cost-sharing amount.

## Who can ask for an appeal?

You, your prescribing provider, or your representative can ask for an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative. To learn how to appoint a representative, call us at: ( ) \_\_\_\_\_. TTY users call: ( ) \_\_\_\_\_.

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## Important Information About Your Appeal Rights

### There are 2 kinds of appeals: standard or expedited (fast)

**Standard appeal:** you'll get a written decision within 7 days (or 14 days if your appeal is about a payment for a drug you already received).

**Expedited appeal (fast):** you'll get a written decision within 72 hours.

- You can ask for an expedited (fast) appeal when you or your prescribing provider believe that your health could be seriously harmed by waiting for a standard decision.
- You can't ask for an expedited appeal if you're asking us to pay you back for a drug you already received.
- We'll automatically expedite your appeal if your prescribing provider asks for one for you (or supports your request) and indicates that waiting for a standard decision could seriously harm your health. If you ask for an expedited appeal without support from your prescribing provider, we'll decide if your health requires an expedited appeal. If we don't give you an expedited appeal, we'll process a standard appeal.

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## How to ask for an appeal

For an **expedited (fast)** appeal, phone is the fastest way to ask:

Phone: \_\_\_\_\_ TTY: \_\_\_\_\_

For a **standard** appeal: {For plans that accept verbal standard requests:} (You can file an appeal by phone, by fax, online, or by mailing a letter to the address below.)  
{For plans that don't accept verbal standard requests:} (You can file an appeal by fax, online, or by mailing a letter to address below.)

{For plans that don't accept verbal standard requests, omit the plan phone number and TTY (TTY):  
Fax: \_\_\_\_\_  
Online: \_\_\_\_\_  
Address: \_\_\_\_\_}

## What to include with your appeal request

- Your name, address and member number
- The reasons you're appealing
- Any evidence you want to attach to support your case
- Supporting statement from your prescribing provider

## What happens next

After you appeal, we'll review your case and give you a decision. If any of the drugs you asked for are still denied, you can ask for the next level of appeal, which is an independent review of your case by a reviewer outside of our plan. If you disagree with that decision, you'll have the right to further appeal. You'll be notified of your appeal rights if this happens.

## Get help & more information

- **(Plan Name) Toll Free:** TTY users call: (Insert call center hours of operation)
- **1-800-MEDICARE** (1-800-633-4227), TTY users call: 1-877-486-2048 (Insert plan website)
- **Medicare Rights Center:** 1-888-1809-8050 (1-888-446-9050)
- **Elder Care Locator:** 1-800-677-1116 or [Eldercare.gov/Public/index.aspx](http:// Eldercare.gov/Public/index.aspx) to find help in your community
- **State Health Insurance Program:** call your State Health Insurance Assistance Program for free, personalized health insurance counseling. Visit [SHIhelp.org](http://SHIhelp.org) or call 1-877-839-2675 to get the number for your local SHIP.

## Get information in another format

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [dataaccess.cms.gov](http://dataaccess.cms.gov) for more information. TTY users call 1-877-486-2046.

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- Your name, address and member number
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TTY=teletypewriter.

You or your patient can complete and submit the **Redetermination Request Form**.  
A Redetermination Request Form is included in the Notice of Denial.<sup>4</sup>

### Request for Redetermination of Medicare Prescription Drug Denial

**Plan enrollee information**

Enrollee name: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City, State, ZIP code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Prescriber & prescriber information**

Name of drug you asked for: \_\_\_\_\_  
 Strength/quantity/dose: \_\_\_\_\_  
 Prescriber name: \_\_\_\_\_  
 Office address: \_\_\_\_\_  
 City, State, ZIP code: \_\_\_\_\_ Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_  
 Office contact person: \_\_\_\_\_

Did you already purchase this drug?  Yes  No  
 If YES: Date purchased: \_\_\_\_\_ Amount paid: \_\_\_\_\_ (attach copy of receipt)  
 Pharmacy name: \_\_\_\_\_  
 Pharmacy phone number: \_\_\_\_\_

**Do you need an expedited (fast) decision?**

**Check this box if you believe you need a decision within 72 hours.** If you have a supporting statement from your prescriber, attach it to this request.

- If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision.
- If your prescriber indicates that waiting 7 days could seriously harm your health, we'll automatically give you a decision within 72 hours. You can't ask for an expedited appeal if you're asking us to pay you back for a drug you already got.
- If you don't get your prescriber's support for an expedited appeal, we'll decide if your case requires a fast decision.

**Explain why you think this drug should be covered**

- Attach any additional information you think may help your case; like statement from your prescriber or medical records.
- Include a copy of the Notice of Denial of Medicare Prescription Drug Coverage.
- Your prescriber will need to explain why you can't meet our plan's coverage rules and/or why the drug required by the plan isn't medically appropriate for you.
- Other information we should consider: \_\_\_\_\_

**Representative information**

Complete this section (ONLY if the person making this request is not the enrollee or the enrollee's prescriber. You must attach documentation showing your authority to represent the enrollee (like a completed Form CMS-1096 or a written equivalent) if it wasn't submitted at the coverage determination level. For more information on appointing a representative, call us at [plan telephone number].

Representative name: \_\_\_\_\_  
 Relationship to enrollee: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, ZIP code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Sign & submit this form**

Signature of person requesting the appeal (the enrollee, prescriber or representative): \_\_\_\_\_ Date: \_\_\_\_\_

**Fax or mail your completed form and any supporting information to:**

Address:	Fax Number:
[Insert plan address(es)]	[Insert plan fax number(s)]

**Criteria for Formulary Exceptions**

The prescriber's supporting statement must indicate that the requested drug is medically necessary for one of the following reasons:

- (1) All covered Part D drugs on any tier of the plan's formulary would not be as effective for the enrollee as the requested non-formulary drug, and/or would have adverse effects;
- (2) The number of doses available under a dose restriction for the requested drug:

If the physician provides a supporting statement indicating factors (1) and/or (2), but the plan sponsor believes it needs additional information to support one of those factors, the plan sponsor must obtain the additional information.


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The prescriber's supporting statement must indicate that the requested drug is medically necessary for one of the following reasons:

- (1) All covered Part D drugs on any tier of the plan's formulary would not be as effective for the enrollee as the requested non-formulary drug, and/or would have adverse effects.
- (2) The number of doses available under a dose restriction for the requested drug:
  - a. Has been ineffective in the treatment of the enrollee's disease or medical condition; or
  - b. Based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance; or
- (3) The prescription drug alternative(s) listed on the formulary or required to be used in accordance with step therapy requirements:
  - a. Has been ineffective in the treatment of the enrollee's disease or medical condition or, based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance; or
  - b. Has caused or, based on sound clinical evidence and medical and scientific evidence, is likely to cause an adverse reaction or other harm to the enrollee.

**CMS: Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 40.5.3**

CMS provides clear guidance on formulary exceptions within section 40.5.3 of the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance document.<sup>5</sup>

 **When completing a redetermination request, include additional clinical/safety data that support the patient's use of the prescribed treatment, and submit it to the plan; the plan sponsor is required to respond within 7 days.<sup>5</sup>**

## Contact your local Regional Patient Access Manager (RPAM) for support with:

- navigation of payer coverage issues
- education on the prior authorization process
- education on payer-specific policies
- assistance with CoverMyMeds training and education



Your local Neurocrine RPAM is available to help you navigate coverage requirements, regardless of your patient's insurance coverage. For more information or for assistance navigating access for your patients, please contact your RPAM by visiting:

<https://www.neurocrineaccesssupport.com/>

This information herein is for informational purposes and for the healthcare provider's convenience only. It is not intended as legal advice and is not a substitute for a provider's independent professional judgment. This information is not a guarantee of coverage or payment (partial or full). Healthcare providers should always confirm coverage for individual patients with their insurance providers.

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**References:** **1.** Medicare Interactive. Introduction to Part D appeals. Updated April 2, 2025. Accessed August 19, 2025. <https://www.medicareinteractive.org/get-answers/medicare-denials-and-appeals/part-d-appeals/introduction-to-part-d-appeals> **2.** Biniek JF, Sroczyński N, Freed M, Neuman T. Medicare Advantage insurers made nearly 50 million prior authorization determinations in 2023. January 28, 2025. Accessed August 19, 2025. <https://www.kff.org/medicare/nearly-50-million-prior-authorization-requests-were-sent-to-medicare-advantage-insurers-in-2023/> **3.** Centers for Medicare & Medicaid Services. Notice of denial of Part D prescription drug coverage. Updated January 1, 2025. Accessed August 19, 2025. <https://www.cms.gov/files/zip/notice-denial-part-d-prescription-drug-cvg-english-form-instructs-cms-10146-eff-010125.zip> **4.** Centers for Medicare & Medicaid Services. Request for redetermination of Medicare prescription drug denial. Updated December 12, 2024. Accessed August 19, 2025. <https://www.cms.gov/files/zip/model-redetermination-request-form-and-instructionseff010125v508.zip> **5.** Centers for Medicare & Medicaid Services. Parts C & D Enrollee Grievances, Organization/Overage Determinations, and Appeals Guidance. November 18, 2024. Accessed August 19, 2025. <https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/parts-c-and-d-enrollee-grievances-organization-coverage-determinations-and-appeals-guidance.pdf>