

# Model Request for Additional Information

<Date>

<Enrollee Name>

Enrollee ID Number: <insert number>

<Street Address>

<City, State Zip Code>

Case Number: <insert number>

Dear <insert enrollee name>:

This letter is about your request for a <indicate type of request, e.g., formulary or tiering exception, expedited redetermination> that <you **or** your doctor or prescriber> filed with us on <insert date>.

[For a formulary exception request: A "formulary exception" request is when you ask for a drug that's not on <Plan sponsor name>'s list of covered drugs or ask us not to apply a prior authorization or other requirement to a drug on our list.]

[For a tiering exception request: A "tiering exception" request is when you ask for a non-preferred drug at the preferred cost level.]

**We need more information from your doctor or prescriber to process your request.**

## What to do next

<Specifically describe the type of written documentation required from the physician or other prescriber.

For formulary exceptions, plan sponsors may require a statement that the drug is medically necessary to treat the enrollee's condition because: (1) all of the covered drugs on the Plan's formulary for the same condition would not be as effective for the enrollee as the non-formulary drug, would have adverse effects for the enrollee, or both; (2) step therapy has been or is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance, or has caused or is likely to cause an adverse reaction to the enrollee; or (3) the number of doses that is available under a dose restriction for the drug has been or is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance.

For tiering exceptions, plan sponsors may require a statement that the preferred drug for the treatment of the enrollee's condition would not be as effective as the requested drug and/or that the preferred drug would have adverse effects for the enrollee.

If applicable, for either type of exception request, plan sponsors must also indicate if this letter is a request for additional supporting medical documentation.>

## Get help and more information

If you have questions, contact Customer Services at <toll-free number> <days and hours of operation>. TTY/TDD users can call <toll-free TTY number>.