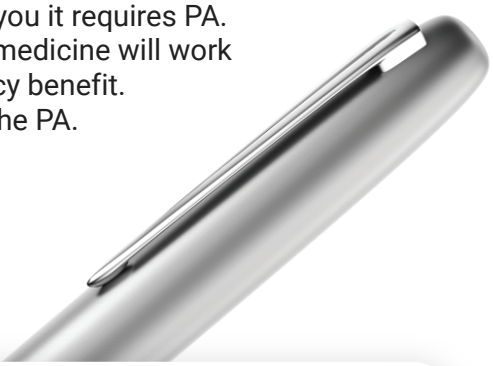
RxBenefits®

Making Sure Your Medicine is Right for You

What you need to know about Prior Authorization Appeals

Prior Authorizations (PA) are designed to ensure that certain prescription drugs are used for appropriate medical purposes as approved by the Food and Drug Administration. This helps to make sure that your medications are safe, effective, and more affordable.

When you're prescribed certain medicines, your pharmacist may tell you it requires PA. That means we need more information to make sure the prescribed medicine will work well for you and your condition, and that it's covered by your pharmacy benefit. Your prescriber has access to the required information to complete the PA.



If your medication requires a Prior Authorization, your physician may choose to do one of the following:

1

Switch medications.

When your doctor is notified that your medication will not be covered without an approved PA, they may decide to switch your medication.

or

2

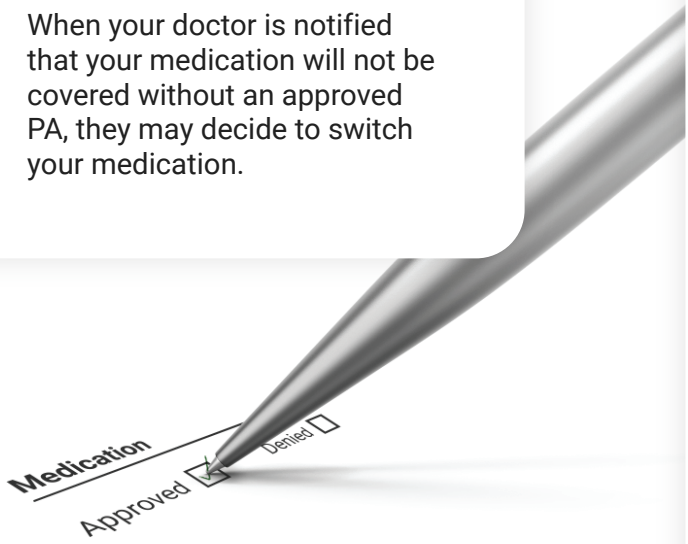
Start the PA Process.

If your doctor does not want to switch your medication, their office will need to initiate a medication (PA) review.

The pharmacy may send a notification to your doctor, but it's always best to follow-up with your doctor.

This may take a few days depending on the information required and the responsiveness of your physician's office. You will be notified by mail of the decision.

Typical reviews take 24-72 hours.



Questions?
Contact RxBenefits Member Services at
1.800.334.8134 or **RxHelp@rxbenefits.com**
7:00 am to 8:00 PM CST, Monday – Friday

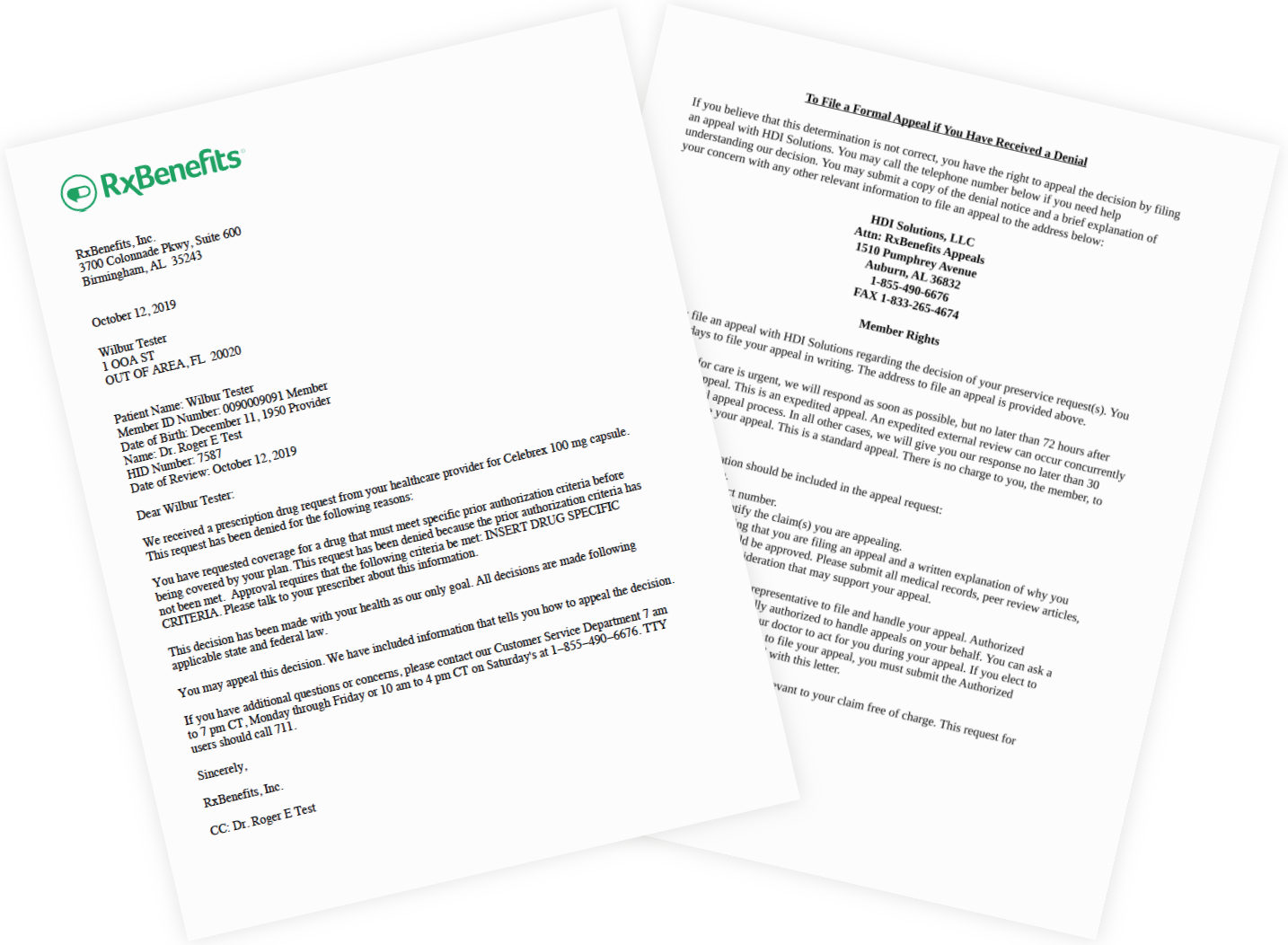
The Appeal Process.

If your PA is denied, you will receive a letter with the decision and details about the appeals process, including the reason for denial. You or your prescriber have 180 days to submit a first or second appeal, and 40 days to submit a third (final) appeal. You will be asked to provide information like:

- Member's name
- Member's contact number
- Info to identify the claim(s) you are appealing
- A statement explaining that you are filing an appeal and a written explanation of why you believe this case should be approved. Please submit all medical records, peer review articles, and comments for consideration that may support your appeal.

Once the appeal is submitted, a second review will follow a similar process as before, but with a new reviewer. You will be notified by mail of the decision.

Typical appeals take up to 7 days, though urgent appeals can be expedited.



RxBenefits

RxBenefits, Inc.
3700 Colonnade Pkwy, Suite 600
Birmingham, AL 35243

October 12, 2019

Wilbur Tester
1 OOA ST
OUT OF AREA, FL 20020

Patient Name: Wilbur Tester
Member ID Number: 0090009091 Member
Date of Birth: December 11, 1950 Provider
Name: Dr. Roger E Test
HID Number: 7587
Date of Review: October 12, 2019

Dear Wilbur Tester:

We received a prescription drug request from your healthcare provider for Celebrex 100 mg capsule. This request has been denied for the following reasons:

You have requested coverage for a drug that must meet specific prior authorization criteria before being covered by your plan. This request has been denied because the prior authorization criteria has not been met. Approval requires that the following criteria be met: INSERT DRUG SPECIFIC CRITERIA. Please talk to your prescriber about this information.

This decision has been made with your health as our only goal. All decisions are made following applicable state and federal law.

You may appeal this decision. We have included information that tells you how to appeal the decision.

If you have additional questions or concerns, please contact our Customer Service Department 7 am to 7 pm CT, Monday through Friday or 10 am to 4 pm CT on Saturday's at 1–855–490–6676. TTY users should call 711.

Sincerely,

RxBenefits, Inc.

CC: Dr. Roger E Test

To File a Formal Appeal if You Have Received a Denial

If you believe that this determination is not correct, you have the right to appeal the decision by filing an appeal with HDI Solutions. You may call the telephone number below if you need help understanding our decision. You may submit a copy of the denial notice and a brief explanation of your concern with any other relevant information to file an appeal to the address below:

HDI Solutions, LLC
Attn: RxBenefits Appeals
1510 Pumphrey Avenue
Auburn, AL 36832
1-855-490-6676
FAX 1-833-265-4674

Member Rights

file an appeal with HDI Solutions regarding the decision of your preservice request(s). You
ays to file your appeal in writing. The address to file an appeal is provided above.

or care is urgent, we will respond as soon as possible, but no later than 72 hours after
peal. This is an expedited appeal. An expedited external review can occur concurrently
appeal process. In all other cases, we will give you our response no later than 30
your appeal. This is a standard appeal. There is no charge to you, the member, to

tion should be included in the appeal request:

t number.
tify the claim(s) you are appealing.
ng that you are filing an appeal and a written explanation of why you
d be approved. Please submit all medical records, peer review articles,
deration that may support your appeal.

representative to file and handle your appeal. Authorized
lly authorized to handle appeals on your behalf. You can ask a
ur doctor to act for you during your appeal. If you elect to
to file your appeal, you must submit the Authorized
with this letter.

vant to your claim free of charge. This request for