Model Notice of Inquiry

<Date>

<Enrollee Name>   Enrollee ID Number: *<insert number>*
<Street Address>
<City, State Zip Code>

Dear *<insert enrollee name>*:

This letter is about your inquiry on *<insert date>*. You asked if *<insert name of drug>* is covered for you.

<Insert name of drug> is <not a covered Part D drug> or <excluded from Medicare coverage> by law, and we don't offer the drug as a supplemental benefit.

< Under section 1860D-2(e)(1) of the Social Security Act (the Act), certain drugs are not covered Part D drugs or are not covered Part D drugs when used to treat certain medical conditions.> **or** *<Under section 1860D-2(e)(2) of the Social Security Act (the Act), certain drugs are excluded from Medicare coverage or are excluded from coverage when used to treat certain medical conditions.>* **o**r *<Under section 1860D-43 of the Social Security Act (the Act), certain drugs are excluded from Medicare coverage if the manufacturer didn't sign an agreement to participate in the Medicare Coverage Gap Discount Program.>*

[*If a drug is not a covered Part D drug or is excluded from coverage because of the indication, insert language explaining why the drug isn't covered and the indication(s) that the drug would be covered for.*]

What to do next

You may want to work with your doctor or prescriber to see if a different drug on our list of covered drugs is medically appropriate for your condition.

[*If the drug is excluded from coverage, insert the following language:* <If you have Medicaid, this drug may be covered under the Medicaid program. Check with your state Medicaid office.>]

If you think we made a mistake and *<insert name of drug>* is *<a covered Part D drug under section 1860D-2(e)(1) of the Act>* **or** *<not excluded under section 1860D-2(e)(2) of the Act>* **or** *<not excluded under section 1860D-43 of the Act>* or is covered as a supplemental benefit, you or your doctor have the right to ask for a coverage determination. Contact us at the number below or see your" Evidence of Coverage" to find out how to ask for a coverage determination.

Get help or 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>*.