

Table 2: Examples of Insurance Company Responses

Case 1

Notice of Adverse Determination

Company X received a request for coverage of Apretude for you. This is the initial adverse determination for this request. The request was denied because:

The formulary alternative for the requested drug for the patient's health plan is emtricitabine – tenofovir disoproxil fumarate (generic Truvada). Current plan approved criteria does not allow coverage of the requested drug unless one of the following conditions is met: a) the patient has tried all formulary alternative(s) when there are less than 3 alternatives or at least 3 formulary alternatives when 3 or more alternatives are available, and they didn't work well or the patient had a bad side effect, or b) the patient cannot take them because of a medical reason. Supporting chart note(s) must be submitted.

You may also choose to purchase this medicine at your own expense. For more information regarding your prescription benefit, please refer to the prescription benefit drug section in your benefit plan materials.

If you disagree with this decision, you may ask for an appeal. Please mail or fax your appeal to our company.

Case 2

Notice of Adverse Coverage Determination

Company X has been authorized by Group Hospitalization and Medical Services, Inc., to administer its pharmacy benefit management program. As such, we are responsible for reviewing requests for prior authorization of pharmacy and drugs to ensure coverage is available and the request is appropriate for payment purposes.

We received a request for coverage of Apretude 600MG/3ML IM SUER for you. Your request was denied based on the terms of your prescription benefit plan. This is the initial adverse coverage determination for this request. The reason for the denial was:

***Drug Not Covered/Plan Exclusion** – Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.

This decision relates specifically to coverage provided under your prescription benefit plan and does not involve any determination of medical judgment.

You may also choose to purchase this medicine at your own expense. For more information regarding your prescription benefit, please refer to the prescription benefit drug section in your benefit plan materials.

If you do not agree with this decision, you may ask for an appeal. Please mail or fax your appeal to our company.