Rec'd SAT 3/18/23

aetna®

AETNA MEDICARE
PO BOX 30017
PITTSBURGH, PA 15222-0330

T77 P1 11570 (260) 103510635755

PHILIP RICE
11268 E LINVALE DR
AURORA, CO 80014-3071

March 14, 2023

0010036357551

**YOUR DRUG IS NOT ON OUR LIST OF COVERED DRUGS (FORMULARY) OR IS SUBJECT TO CERTAIN LIMITS**

Dear PHILIP RICE:

We want to tell you that Aetna Medicare Premier Plus 1 (PPO) has provided you with a temporary supply of the following prescription: HEPLISAV-B INJ 20/0.5ML.

This drug is either not included on our list of covered drugs (called our formulary), or it's included on the formulary but subject to certain limits, as described in more detail later in this letter. Aetna Medicare Premier Plus 1 (PPO) is required to provide you with a temporary supply of this drug. If your prescription is written for fewer than 30 days, we'll allow multiple fills to provide up to a maximum 30 days' temporary supply of medication.

It's important to understand that this is a temporary supply of this drug. Well before you run out of this drug, you should speak to Aetna Medicare Premier Plus 1 (PPO) and/or the prescriber about:

- changing the drug to another drug that is on our formulary; or
- requesting approval for the drug by demonstrating that you meet our criteria for coverage; or
- requesting an exception from our criteria for coverage.

When you request approval for coverage or an exception from coverage criteria, these are called coverage determinations. Don't assume that any coverage determination, including any exception, you have requested or appealed has been approved just because you receive more fills of a drug. If we approve coverage, then we'll send you another written notice.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact Member Services at 1-833-620-8808. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. You can also visit our website at www.aetnamedicare.com.

**Instructions on how to change your current prescription, how to ask for a coverage determination, (including an exception), and how to appeal a denial if you disagree with our coverage determination are discussed at the end of this letter.**

The following is a specific explanation(s) of why your drug is not covered or is limited.

**Name of Drug**: HEPLISAV-B INJ 20/0.5ML
**Date Filled**: 3/12/2023
**Reason for Notification**: This drug is not on our formulary. We will not continue to pay for this drug after you have received the maximum 30 days' temporary supply that we are required to cover unless you obtain a formulary exception from us.



**How do I change my prescription?**

If your drug is not on our formulary, or is on our formulary, but we have placed a limit on it, then you can ask us what other drug is used to treat your medical condition that is on our formulary; ask us to approve coverage by showing that you meet our criteria; or ask us for an exception. We encourage you to ask your prescriber if this other drug that we cover is an option for you. You have the right to request an exception from us to cover your drug that was originally prescribed. If you ask for an exception, your prescriber will need to provide us with a statement explaining why a prior authorization, quantity limit, or other limit we have placed on your drug is not medically appropriate for you.

**How do I request a coverage determination, including an exception?**

You, your representative, or your prescriber on your behalf may contact us to request a coverage determination, including an exception. Contact us at: Aetna Medicare Coverage Determinations PO Box 7773 London, KY 40742; Phone: 1-800-414-2386; TTY: 711; Fax: 1-800-408-2386; 24 hours a day, 7 days a week.

If you are requesting coverage of a drug that is not on our formulary, or an exception to a coverage rule, your prescriber must provide a statement supporting your request. It may be helpful to bring this notice with you to the prescriber or send a copy to the prescriber's office. If the exception request involves a drug that is not on our formulary, the prescriber's statement must indicate that the requested drug is medically necessary for treating your condition because all of the drugs on our formulary would be less effective than the requested drug or would have adverse effects for you. If the exception request involves a prior authorization or other coverage rule we have placed on a drug that is on our formulary, the prescriber's statement must indicate that the coverage rule wouldn't be appropriate for you given your condition or would have adverse effects for you.

We must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request, from when we receive your request. For exceptions, the timeframe begins when we obtain your prescriber's statement. Your request will be expedited if we determine, or your prescriber tells us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

**What if my request for coverage is denied?**

If your request for coverage is denied, you have the right to appeal by asking for a review of the prior decision, which is called a redetermination. You must request this appeal within 60 calendar days from the date of our written decision on your coverage determination request. We accept standard requests by phone and in writing. We accept expedited requests by phone and in writing. Contact us at: Aetna Medicare Part D Appeals PO Box 14579 Lexington, KY 40512; Phone: 1-833-620-8808; TTY: 711; Fax: 1-724-741-4954; 24 hours a day, 7 days a week.

Sincerely,

Aetna Medicare Premier Plus 1 (PPO)

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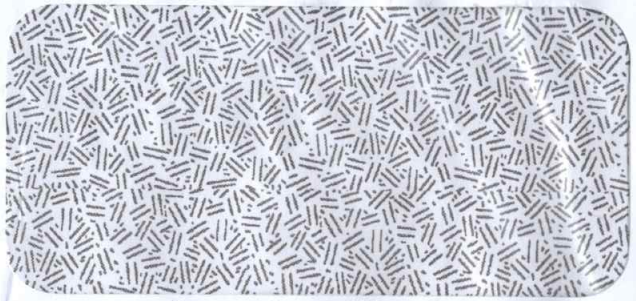
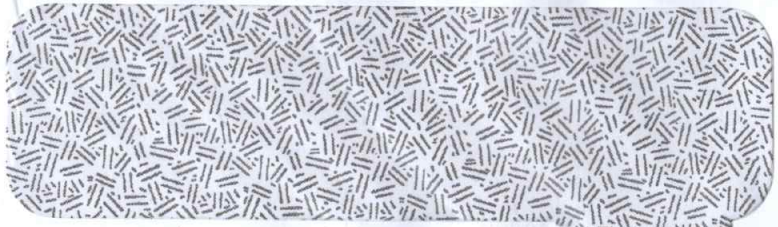
The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.



**Important Plan Information**



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