

Express Scripts HQ2L-04
8455 University Place Drive
St. Louis, MO 63121



528 2021041657 CID PCM-CVRW
ROY CLARK
98 STERLING WOODS RD
STOWE, VT 05672

Patient: ROY CLARK
Doctor: DAVID BISBEE MD
Case ID: 60156878
Plan Name: **Mutual of Omaha Rx (PDP)**
Plan ID (PBP Code): 072

Date of Request: 02/25/2021 02:17PM
Date of Decision: 02/25/2021

February 25, 2021

Good news. Your request has been approved.

Dear ROY CLARK:

We have approved coverage or payment for the following prescription drug that you or your prescriber requested under your Medicare prescription drug plan: Lorazepam 0.5 mg TABLET.

We're happy to let you know that this request has been approved from 01/26/2021 until 02/25/2022. We identified that the requested drug is used for a diagnosis (or indication) that is not covered under Medicare Part D. As a result, the requested drug will no longer be covered under your Medicare Part D benefit.

If you already have the drug and you paid 100% of the cost rather than the pharmacy submitting a claim under your Part D benefit, you may submit a request for reimbursement.

In this scenario, you may be eligible for reimbursement up to the amount your plan would have paid a network pharmacy had the pharmacy submitted a claim for the drug to your Part D benefit when you received it. Deductibles and copays will be applied to your reimbursement based on your benefit plan as they would have if you had used your Part D benefit at the pharmacy. If you feel you are eligible for reimbursement of a covered drug, your request must include your pharmacy prescription receipt, prescriber invoice or other documentation that provides the following information:

- Prescriber name and address
- Medicare Part D drug or service
- Drug NDC number
- Quantity and days' supply
- Date dispensed

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Omaha_MedD_apl v#11.20

Please mail your request for reimbursement to:

Express Scripts

Attn: Medicare Reviews

P.O. Box 66571

St. Louis, MO 63166-6571

Phone: 1.800.935.6103

TTY: 1.800.716.3231

Fax: 1.877.251.5896

This approval may no longer apply if your prescription drug plan benefit ends, you change plans, or Part D eligibility of the drug changes. Remember, you are still responsible for any deductible, copayment or coinsurance required under your plan, and coverage can only be provided by your plan when your drug prescription is written by a Medicare-eligible prescriber. You are required to use a network pharmacy to access your prescription drug plan benefit, except under non-routine circumstances. Other plan-level dispensing limits and restrictions may apply.

If you have any questions, we can help. Please call us at 1.800.935.6103, 24 hours a day, 7-days a week, 365 days a year. TTY users should call 1.800.716.3231.

Sincerely,

Mutual of Omaha Rx

Mutual of Omaha and its delegates never uses incentives to encourage underutilization or barriers to care and service. Utilization Management (UM) decision making is based solely on the information provided by you and/or your physician and the existence of coverage. Mutual of Omaha does not ever reward UM staff for issuing denials of coverage.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.855.864.6797 (TTY: 1.800.716.3231).