

NON FORMULARY COVERAGE DETERMINATION FOR FEHB PLANS

The AultCare Managed Formulary is designed to provide value. Only specific drugs in each therapeutic class are covered. The formulary design provides adequate options in each therapeutic category and includes most generics and selected brands. Unless a coverage determination is approved, only medications listed on the formulary are covered under this plan.

How to ask for a coverage decision for a non-formulary (not covered) medication.

You may ask our plan to make a coverage decision about the drug(s) you need that are not covered on your managed formulary.

What to do:

You or your doctor (or other prescriber) can request a coverage determination by calling, emailing, writing, or faxing our plan at the numbers below.

Telephone: 330-363-6360 or toll free 1-800-344-8858

Email: AultCarePharmacy@aultcare.com

Fax: 330-363-3284

Mail: 2600 Sixth Street S.W. Canton, Ohio 44710 Attn: AultCare Pharmacy Department

Our plan can approve or deny your request:

If we approve your request we will provide the coverage we have agreed to within the appropriate time frame. If we deny your request, we will send you a written notice that explains why we denied. If your request is denied you have the right to request an appeal. Requesting an appeal means asking us to reconsider – and possibly change – the decision we made.