

You Have Rights After a Prescription Denial*

As a patient, you have rights that may help you address a denial from your health insurance provider.



A Prior Authorization (PA) is a verification from your health care provider (HCP) that states that your prescription is medically necessary. **Your health insurance provider may require a PA before they will cover your prescription.**

A PA may be denied for many reasons, including missing documentation, coverage changes, not meeting a requirement set forth by the health insurance provider, or other factors. **You have the right to appeal the denial.**

What rights do you have after a PA denial for your prescription medication?



You have the right to receive a notice of your PA denial from your health insurance provider.

To notify you of the denial, health insurance providers will send you a denial letter via US mail and/or electronically. The letter may include:

- Name of the medication being denied and date of denial
- Reason(s) for denial
- Description of the appeals process, and how to initiate the appeals process

If you are unable to find a denial letter for a PA denial or if the appeal deadlines are unclear, contact your health insurance provider for clarification.



You have the right to appeal a PA denial, under federal law.

There are 2 types of reviews your appeal may go through:

- **Internal appeal:** All denials are eligible for this review, where the health insurance provider conducts an additional review of the denial and its determination
- **External appeal:** Some denied internal appeals are eligible for this review, where an independent third party reviews the case and decides in place of the health insurance provider

Once you have been enrolled in your **BMS Patient Support Program**, our team will be able to assist with providing updates on your medication coverage status.

The denial and appeals process may vary by health insurance provider and policy. Please contact your provider directly if you need more information on these processes.

What can you and your HCP do to address a PA denial?

Additional information may be submitted with an appeal and reviewed by either your health insurance provider or an independent third party. Letters written by you and your HCP may provide helpful information to whomever is conducting the appeal review.*

HCPs may write Letters of Medical Necessity to submit with an appeal. These letters may provide additional clinical information such as:

- How the medication may treat your condition
- Additional clinical details of your condition that may indicate why this medication is being prescribed

You, as the patient, may write an Appeal Letter. These letters may provide the following information, including:

- Policy number, medication name and dose, denial date, and specified reason for denial
- The ways that your condition impacts your life, including ways it might limit what you are able to do
- Other medications you've taken for the condition that haven't worked or stopped working
- How your HCP may be supporting you in this process (ie, they are submitting additional documentation)

Helpful Resources



An **HCP Appeals Discussion Guide** to help begin the appeals discussion with your HCP can be accessed on the BMS website

→ [HCP Appeals Discussion Guide](#)



An **Appeals Letter Template** allowing you to provide details regarding your disease and reason for appeal can be accessed on the BMS website

→ [Appeals Letter Template](#)

Be sure to keep any relevant deadlines and timelines in mind as you submit additional information with your appeal.

Your BMS support team is here to help

Once you have been enrolled in your **BMS Patient Support Program**, our team will be able to assist with providing updates on your medication coverage status.

*Sharing additional information with your health insurance provider, such as an appeal letter written by you, is a recommendation only. Bristol Myers Squibb makes no guarantee of coverage. You should consult your health insurance provider directly to understand what information it will accept as part of the appeal process.