

Humana - PAHub

Humana Clinical Pharmacy Review
P.O. Box 33008
Louisville, KY 40232-3008

07/07/2022
1159199369

Dear [REDACTED]

We're writing to share some news about your recent prior authorization prescription request. Unfortunately, your coverage or payment under your Medicare Part D benefit for NITROFURANTOIN MCR 100 MG CAP was denied.

Here's why we made our decision:

The drug you asked for is non-formulary (not on Humana's list of preferred drugs). Before the drug can be covered, we need more information. Please ask your prescriber to explain to Humana why the preferred drugs have not worked for your medical condition and/or would have bad side effects. If you have not tried the preferred drugs, including nitrofurantoin monohydrate/macrocrystals capsule, and sulfamethoxazole-trimethoprim tablet, please talk to your health care provider about prescribing one of these for you. Some preferred drugs may require an additional review and approval by Humana. Additionally, some alternative drugs listed may be the same drug with different strengths or forms. Under certain cases, Humana may only require trial and failure of one strength or form of that drug. This determination was based on the Humana Pharmacy and Therapeutics Non-Formulary Exceptions Coverage Policy.

What Happens Now?

Contact your doctor to discuss other prescription alternatives that may be covered under your Medicare Part D benefit. You can also reference the Medicare Drug List on Humana's website at humana.com/pharmacy/prescription-coverages. Search the list of drugs covered under your plan and potentially find lower-cost alternatives. If a suitable alternative is available, ask your doctor to provide a new prescription. If you disagree with this decision, you can file an appeal.

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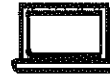
**NOTICE OF DENIAL
MEDICARE PART D
PRESCRIPTION DRUG
COVERAGE**

NITROFURANTOIN MCR 100 MG

What Are My Options?



Talk with your doctor about covered alternatives that may work for you.



Visit Humana's website to view the Medicare Drug List for potential covered alternatives.

humana.com/pharmacy/prescription-coverages

If your doctor feels there are no other suitable alternatives, please call Humana at:

Phone: 1-800-451-4651 (711)

Fax: 1-877-556-7006

M - F, 8 a.m. - 8 p.m., Local time



Your appeal must be filed by

09/05/2022

Humana.



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