**How do I request an appeal when my prescription drug has been denied?**

To begin the appeal process the member or provider must contact Express Scripts Customer Service with the phone number on the back of their member ID card. If you require immediate assistance, please contact Express Scripts Member Services toll-free at 1-800-467-2006.

**Have the following information available:** o Name of patient

* Member ID or Phone number
* The name of the prescription and a brief description why the medication should not be denied.
* Any additional information including doctor statements or letters, bills or other documents pertinent to the issue.

An urgent appeal can be submitted by phone 1-877-898-5784 or fax 1-877-852-4070. An urgent appeal is considered when denial could seriously jeopardize the life or health of the patient or the patient is in need of the medication for severe pain. If an appeal is sent in but then revealed to be urgent the provider will then have to call or fax information.