2016 to 2019

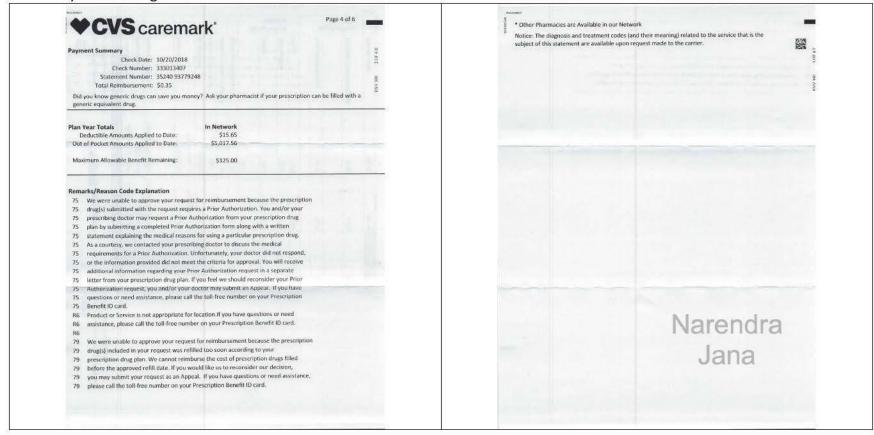- ▪ **Insurance restriction used to restrict medications for MS and in turn harm the patient**

Restricting Medications for a Condition by Denying Prescription and Payment by Insurance (From 2016 to 2019)

In order to make it unaffordable to buy medications for Multiple Sclerosis (MS) the US insurance system denies the reimbursement of the cost of medications for specifically MS (most other conditions don't have this restriction).

That means that no person is able to afford the medications for the progressive condition MS (costing thousands of dollars a month) in the US unless specifically a doctor in the US (only the US) approves the medications through insurance. This process is called "Prior Authorization" by a US physician. Insurance has no qualms in paying for the medications otherwise. This was a useful tool for the US to restrict treatment even with all the diagnostics done to show the clear presentation or progression of MS. Its also an effective way of intentionally harming a patient by restricting medications for MS. It became a way for the US to perpetuate assault in foreign nations by withholding medications.

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Payment Summary
Check Date: 10/20/2018
Check Number: 333013407
Statement Number: 35240 93779248
Total Reimbursement: $0.35

Did you know generic drugs can save you money? Ask your pharmacist if your prescription can be filled with a generic equivalent drug.

Plan Year Totals — In Network
Deductible Amounts Applied to Date: $15.65
Out of Pocket Amounts Applied to Date: $5,017.56

Maximum Allowable Benefit Remaining: $125.00

Remarks/Reason Code Explanation
75 We were unable to approve your request for reimbursement because the prescription
75 drug(s) submitted with the request requires a Prior Authorization. You and/or your
75 prescribing doctor may request a Prior Authorization from your prescription drug
75 plan by submitting a completed Prior Authorization form along with a written
75 statement explaining the medical reasons for using a particular prescription drug.
75 As a courtesy, we contacted your prescribing doctor to discuss the medical
75 requirements for a Prior Authorization. Unfortunately, your doctor did not respond,
75 or the information provided did not meet the criteria for approval. You will receive
75 additional information regarding your Prior Authorization request in a separate
75 letter from your prescription drug plan. If you feel we should reconsider your Prior
75 Authorization request, you and/or your doctor may submit an Appeal. If you have
75 questions or need assistance, please call the toll-free number on your Prescription
75 Benefit ID card.
R6 Product or Service is not appropriate for location.If you have questions or need
R6 assistance, please call the toll-free number on your Prescription Benefit ID card.
R6
79 We were unable to approve your request for reimbursement because the prescription
79 drug(s) included in your request was refilled too soon according to your
79 prescription drug plan. We cannot reimburse the cost of prescription drugs filled
79 before the approved refill date. If you would like us to reconsider our decision,
79 you may submit your request as an Appeal. If you have questions or need assistance,
79 please call the toll-free number on your Prescription Benefit ID card.

* Other Pharmacies are Available in our Network

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this statement are available upon request made to the carrier.

♥CVS caremark®
P.O. Box 52115
Phoenix, AZ 85072-2115

Return Service Requested

**Prescription Claim
Reimbursement Statement**

*Please Retain for Future
Reference*

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10/22/2018

ENV 390   1 OF 4 F

SINGLE PIECE

390 0-9555 SP 0.470

NARENDRA JANA   2

Important plan information

This is not a bill

According to our records, some or all of your prescription claims were (re)processed and those are identified on the following page(s). *If you are owed money the check is enclosed in this mailing.*

This may have occurred for one of the following reasons:

- *You submitted a prescription reimbursement request (filed a paper claim).*
- *We received documentation indicating that your claim(s) should be reprocessed to correctly reflect your out-of-pocket costs.*
- *A claim audit identified an overpayment in prescription claim(s).*

Should you have any questions please contact us at 855-361-8565 .

Claim Activity for:	NARENDRA JANA	**Relationship to Cardholder:**	Card Holder
Cardholder Name:	NARENDRA JANA	**Cardholder ID:**	5NG0061198601

Primary Insurance Information

Member ID:	5NG0061198601
Carrier:	1079 NORTHROP GRUMMAN
Account:	431030N04 431030N04
Group:	539 NGAS