

**SAMPLE language for IE Notification Letter
Should be on letterhead of Insurer or Adjuster**

[INSURANCE CARRIER NAME]
[ADDRESS]

[DATE]

[INJURED EMPLOYEE]
[ADDRESS]
[CARRIER CLAIM NUMBER]

As of [Effective Date], the Montana Department of Labor & Industry, Employment Relations Division has adopted *Appendix A, ODG Workers' Compensation Drug Formulary*. You are receiving this letter because you have a workers' compensation claim(s) affected by this change. We have also identified [PRESCRIBER] who is treating you. Starting [DATE (latter of April 20, 2020 or 90 days after this letter dated)], these medications, [LIST MEDICATIONS], you are currently receiving will change from an automatically approved status to a status needing prior authorization.

In order to avoid having your medications denied or delayed please contact [PRESCRIBER], who will need to respond as to why continuation of current treatment is appropriate, or develop an alternative treatment plan with transition of treatment by [DATE (latter of April 20, 2020 or 90 days after this letter dated)].

Detailed information about the workers' compensation drug formulary is available on the Montana Department of Labor and Industry's website at [WEBSITE FOR FORMULARY].

Please contact us if you have any questions regarding this letter.

Thank you,

[SIGNATURE]
[title]
[phone number]