

**SAMPLE language for Treating Physician/Prescriber Notification Letter
Should be on letterhead of Insurer or Adjuster**

[INSURANCE CARRIER NAME]
[ADDRESS]

[DATE]

[TREATING PHYSICIAN / PRESCRIBING DOCTOR]
[ADDRESS]

Claimant Name	Date of Injury	Carrier Claim Number
[CLAIMANT NAME]	[DATE OF INJURY]	[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 we have identified [CLAIMANT NAME], who you are currently treating, may be affected by this change.

Starting [DATE (latter of April 20, 2020 or 90 days after this letter dated)], these medications [LIST MEDICATIONS] will change from an automatically approved status to a status needing prior authorization pursuant to the formulary. Please respond why continuation of current treatment is appropriate for [CLAIMANT NAME] or develop an alternative treatment plan with transition of treatment by [DATE (latter of April 20, 2020 or 90 days after this letter dated)].

The explanation or development of a transition plan as appropriate, constitutes a "by report" service (CPT code 99080). Without your response, medications [CLAIMANT NAME] are currently receiving may be denied or delayed.

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 [CONTACT NAME] if you have any questions regarding this letter.

Thank you,

[SIGNATURE]
[title]
[phone number]