

## Instruction for Completing the Request for UPMC *for Life* Prescription Drug Coverage Determination

### **Purpose of the Request for UPMC *for Life* Prescription Drug Coverage Determination Form**

The form is intended to provide guidance to members on requesting coverage determinations (including exception requests) from UPMC *for Life* prescription drug plans. It provides information to members on how to ask for a coverage determination from UPMC Health Plan.

Under the Medicare Part D prescription drug benefit program, a member of the UPMC *for Life* prescription drug plan can request a coverage determination, including a request for a tiering or formulary exception. A request can also be made on behalf of the member by the member's appointed representative, or the member's prescribing physician. A request for a standard coverage determination is made in writing but a request for an expedited coverage determination can be made verbally or in writing. A member, the member's appointed representative, or the member's prescribing physician may submit a written request for a coverage determination in any format.

### **Use of this Form**

To ask for a standard decision, you, your doctor, or your appointed representative should call us at 1-877-539-3080, 8 a.m. to 5:30 p.m. Monday through Friday, and Saturday 8 a.m. to noon (for TTY, call 1-800-361-2629). Or, you can deliver a written request to UPMC Health Plan, Attn: Appeals and Grievances Department, P.O. Box 2906, Pittsburgh, PA 15219-2906, or fax it to 412-454-7920.

You, your doctor, or your appointed representative can ask us to give a fast decision (rather than a standard decision) by calling 1-877-539-3080, 8 a.m. to 5:30 p.m. Monday through Friday, and Saturday 8 a.m. to noon (for TTY, call 1-800-361-2629). Or, you can deliver a written request to UPMC Health Plan, Attn: Appeals and Grievances Department, P.O. Box 2906, Pittsburgh, PA 15219-2906, or, fax it to 412-454-7920. Be sure to ask for a "fast," "expedited," or "24-hour" review.

# Request For UPMC *for Life* Prescription Drug Coverage Determination

This form cannot be used to request barbiturates, benzodiazepines, fertility drugs, drugs for weight loss or weight gain, drugs for hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).

## Member's/Requestor's Information

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Member's Name

Member's Date of Birth

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Member's Medicare Number

Member's Plan ID Number

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Requestor's Name (if not member)

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Requestor's relationship to member (attach documentation that shows authority to represent member, if other than prescribing physician)

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Member's/Requestor's Address

City

State

Zip Code

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Phone

Name of prescription drug you are requesting (if known, include strength, quantity, and quantity requested per month):

## Prescribing Physician's Information

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Name and Medical Specialty

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Address

City

State

Zip Code

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Work Phone

Fax

Office Contact Person

Type of Coverage Determination Request

- I need a drug that is not on the plan's list of covered drugs (formulary exception).\*
- I have been using a drug that was previously included on the plan's list of covered drugs but is being removed or was removed from this list during the plan year (formulary exception).\*

- I request an exception to the requirement that I try another drug before I get the drug my doctor prescribed (formulary exception).\*
- I request prior authorization for the drug my doctor has prescribed.
- I request an exception to the plan's limit on the number of pills (quantity limit) I can receive so that I can get the number of pills my doctor prescribed (formulary exception).\*
- My drug plan charges a higher copayment for the drug my doctor prescribed than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception).\*
- I have been using a drug that was previously included on a lower copayment tier, but is being moved to or was moved to a higher copayment tier (tiering exception).\*
- I want to be reimbursed for a covered prescription drug that I paid for out of pocket.

**\*NOTE:** If you are asking for a formulary or tiering exception, your PRESCRIBING PHYSICIAN must provide a statement to support your request. You cannot ask for a tiering exception for a drug in the plan's Specialty Tier. In addition, you cannot obtain a brand name drug at the copayment that applies to generic drugs.

Additional information we should consider (attach any supporting documents):

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If you or your prescribing physician believes that waiting for a standard decision (which will be provided within 72 hours) could seriously harm your life or health or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescribing physician asks for a faster decision for you, or supports you in asking for one by stating (in writing or in a telephone call to us) that he or she agrees that waiting 72 hours could seriously harm your life or health or ability to regain maximum function, we will give you a decision within 24 hours. If you do not obtain your physician's support, we will decide if your health condition requires a fast decision.

- I need an expedited coverage determination (attach physician's supporting statement, if applicable)

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**Member's/Requestor's Signature Date**

To ask for a standard decision, you, your doctor, or your appointed representative should call us at 1-877-539-3080, 8 a.m. to 5:30 p.m. Monday through Friday, and Saturday, 8 a.m. to noon (for TTY, call 1-800-361-2629). Or, you can deliver a written request to UPMC Health Plan, Attn: Appeals and Grievances Department, P.O. Box 2906, Pittsburgh, PA 15219-2906, or fax it to 412-454-7920.