

UPMC *for Life*

Medicare Member Request

Department of Pharmacy Services

Phone: 1-800-979-UPMC (8762)

Fax: 412-454-7722

Tiering Exception request

Date:	Time:	<input type="checkbox"/> am	Requested by (initials):
		<input type="checkbox"/> pm	
Physician Name:			
Physician NPI #:			
Office Fax:			
Member Name:			
Member ID #:			
D.O.B:			
Drug Requested:			

To complete our review of your patient's request for **tiering exception**, the following additional information is needed. Indicated below is the information we are requesting.

Drug name	Drug strength	Dates of trial	Reason for failure/ reason therapy not appropriate for this patient

Please fax the information to the attention of our Pharmacists at the number above.

After review of this information, UPMC Health Plan will inform you of our decision. Should you have questions or wish to review this with our Pharmacy staff or physician, please contact us at the number above.

UPMC Health Plan appreciates your cooperation in providing this information.

Thank you,
Pharmacy Department

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