

**REQUEST FOR MEDICARE PART D 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)

FAX TO:
503-574-8646 or
1-800-249-7714

QUESTIONS:
503-574-7400 or
1-877-216-3644

Member's/Requestor's Information

Member's Name: _____ Member's Date of Birth: _____

Member's Providence Medicare ID #: _____

Requestor's Name (if not member): _____

Requestor's relationship to Member: _____
(Attach documentation that shows authority to represent member, if other than prescribing physician)

Member/Requestor's Address: _____
(Include city, state and zip code)

Member/Requestor's Phone: _____

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

Have you attempted to get this medication at a network Pharmacy? Yes No
If yes, please tell us why you think you were unable to obtain the medication under your insurance.

If no, please tell us why you did not use network pharmacy (check box #5 if you have already paid for the medication out-of-pocket in full).

Prescribing Physician's Information

Prescribing Provider Name: _____ Medical Specialty: _____

Address: _____
(Include city, state and zip code)

Office Phone: (____) _____ Fax: (____) _____

Office Contact Person: _____

Type of Coverage Determination Request

- 1. I need a drug that is not listed on the Providence Medicare formulary or list of covered drugs (I need a formulary exception). *

- 2. I request an exception to the requirement that I try another drug before I get the drug my doctor prescribed (I need a formulary exception to the step therapy requirement).*

- 3. I request prior authorization for the drug my doctor has prescribed and that is listed on the Providence Formulary as Prior Authorization required.

- 4. 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 has prescribed (I need a formulary exception to the quantity limit requirement).*

- 5. I want to be reimbursed for a covered prescription drug that I paid for out of pocket. (Please attach a detailed pharmacy receipt; reimbursement may take up to 30 days).*

* **NOTE:** if you are asking for a formulary exception, your PRESCRIBING PHYSICIAN must provide a statement to support your request. In addition, you cannot obtain a brand name drug at the copayment that applies to the generic drug.

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

If you, or your prescribing physician, believe that waiting for the standard decision (which will be provided in 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 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)

Member/Requestor's Signature

Date

To submit this request you, your doctor or appointed representative can deliver a written request to Providence Health Plan, Attn: Pharmacy Services Department 3601 SW Murray Blvd., Ste 10 Beaverton, OR 97005 or fax it to 503-574-8646 or 1-800-249-7714. You can also mail this request to Providence Health Plan, Attn: Pharmacy Services Department PO Box 4327 Portland, Or 97208-4327

For questions, call 503-574-8000 or 1-800-603-2340. If you are hearing impaired and use a Teletype (TTY) Device, call 503-574-8702 or 1-888-244-6642. Customer Service assistance is available to answer Part D (prescription) benefit questions, seven days a week, between 8 a.m. and 8 p.m.