Request for Medicare 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).

Enrollee's/Requestor's Information

Enrollee's Name ______________________ Enrollee's Date of Birth ______________________

Enrollee's Medicare Number ______________________ Enrollee's Part D Plan ID Number ______________________

Requestor's Name (if not enrollee) ______________________

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

Enrollee/Requestor's Address City State Zip Code

(   ) ______________________
Phone

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

Prescribing Physician's Information

Name ______________________ Medical Specialty ______________________

Address City State Zip Code

(   )
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 it is being removed or it 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 charged me a higher copayment for a drug than it should have.
- ☐ 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 it is being moved to or it 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):*

____

____

If you, or your prescribing physician, believe 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 functions, 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).

______________________________ ______________________

Beneficiary/Requestor's Signature Date

Send this request to BCN Advantage. Note that we may require or ask you for additional information. See your Evidence of Coverage for more information.

BCN Advantage members can fax the completed form to 1-888-458-0716 or mail the form to:

BCN Advantage, Mail Code C248
Blue Care Network
P.O. Box 284
Southfield, MI 48086-5184

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.