

Physician Documentation for an Exception Request or a Compounded Drug

UPREHS Prime Medicare Plan
PO Box 161020
Salt Lake City, UT 84116-1020
Customer Services: 1-800-547-0421
Fax number: 801-595-4440

Dear Physician: Medicare requires us to obtain and keep written documentation in our files from you to establish medical necessity for granting an exception or to give prior authorization. Use this form when prescribing a drug that exceeds the quantity limit, a non-preferred formulary drug, a compounded drug, or any other UPREHS Part D exception request. Please provide us with the following medical documentation. Failure to do so could cause a denial of the exception request. Please attach this form to your documentation and fax or mail to the above address or fax number.

Physician Name _____ Date _____

Phone (____) _____ Fax (____) _____ Office Contact _____

Physician Address _____

Physician City, State, Zip _____

Physician DEA # _____ Physician NPI # _____

Member Name _____

UPREHS ID Card # _____

Prescribed Drug Name _____

NDC # _____ Strength _____ Quantity _____ Days Supply _____

Prescribed Drug Name _____

NDC # _____ Strength _____ Quantity _____ Days Supply _____

Prescribed Drug Name _____

NDC # _____ Strength _____ Quantity _____ Days Supply _____

Medical Diagnosis (ICD-9) _____

Please provide us with the following medical documentation. Failure to do so could cause a denial for benefit payment of the request.

- Provide any past history of adverse effects from a commercially available alternative formulary drug, diagnostic tests showing their adverse affects, and/or any additional available evidence that establishes medical necessity for this member's use of the requested drug.
- Include the member's diagnoses and medical reason(s) why an existing commercially available preferred formulary drug would not be as effective for the treatment of our member's medical condition, and/or why discontinued use of the requested drug would have an adverse effect on the health of our member.
- Provide your treatment and follow-up plan for use of the requested drug and duration of the prescribed time period for our member's medical condition.

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Medicare Rx
Prescription Drug Coverage