

Important Information about Prescription Drug Coverage

To: _____ From: _____

Fax: _____ Pages: _____

Re: Request for a Lower Copay (Tiering Exception): Please respond.

- Please complete the attached Request for a Lower Copay* (Tiering Exception Form)
- To expedite the review process please complete all requested fields.
- Completed forms should be faxed to: **1-855-714-6218**. It is not necessary to fax this cover page.

Information about this Request for a Lower Copay (Tiering Exception)

Use this form to request coverage of a brand or generic in a higher cost sharing tier at a lower cost sharing tier. Certain restrictions apply.

To process this request, documentation that all of drugs to treat the same medical condition on the lower cost sharing tier would not be as effective or would have adverse effects must be provided. Please provide clinical information or other evidence to support the medical necessity of the drug on the higher cost sharing tier, including previous drugs attempted for this patient's condition. Please note: **Tiering exceptions cannot be requested for non-formulary drugs approved under the formulary exception process, drugs in the specialty tier, or brand-name drugs at the price of a generic drug.**

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Today's Options[®] PPO

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

*Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Member privacy is important to us. Our employees are trained regarding the appropriate way to handle our members' private health information. **CONFIDENTIALITY NOTICE:** This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

