



## Instructions for Completing and Submitting the Request for Medicare Prescription Drug Coverage Determination Form

If your physician, other prescriber, or pharmacist tells you Highmark Wholecare Medicare Assured<sup>SM</sup> will not cover a prescription drug because it is not part of the formulary, exceeds the amount the Plan will cover, or requires prior authorization, you can complete this by filling out the Request for Medicare **Prescription Drug Coverage Determination Form**.

Your physician or other prescriber must submit a statement to support the request.

If someone is filling out this request for you, an Appointment of Representative Form must be submitted along with the Request for Medicare Prescription Drug Coverage Determination Form.

### To request forms:

You may download the forms from our website at: [www.HighmarkWholecare.com/medicare/medicare](http://www.HighmarkWholecare.com/medicare/medicare)

**Or, call Member Services:** From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

1-800-685-5290

TTY users should call 711

### To complete the form:

Fill out the following sections:

- Enrollee's/Requestor's information
- Name of the prescription drug you are requesting
- Type of coverage determination request
- Prescriber's information with prescriber signature and date (if applicable)

**Your physician or other prescriber must submit a statement to support the request.**



**To submit the form:**

**Submit written requests by mail to:**

Highmark Wholecare Medicare Assured  
Attention: Pharmacy Department  
P.O. Box 22158  
Pittsburgh, PA 15222-1222

**OR**

Fax requests to Pharmacy Department 1-888-447-4369

If you have questions or problems, contact Member Services: From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

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Highmark Wholecare offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-685-5209 (TTY 711).

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-685-5209 (TTY 711).

小小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-800-685-5209 (TTY 711).

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).