



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

If your doctor or pharmacist tells you Gateway Health Plan *Medicare Assured*<sup>®</sup> *HMO* (“Gateway”) will not cover a prescription drug because it is not part of the formulary or exceeds the amount the Plan will cover, you can request an exception by filling out the **Request for Medicare Prescription Drug Coverage Determination Form**.

Your doctor will need to fill out the **Non-formulary Drug Exception Form** in order to support your request.

If someone is filing 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:

<http://www.gatewayhealthplan.com/members/pa/forms.aspx>

Forms require the Adobe Acrobat Reader installed on your computer. Most computers have this program installed. If you do not, you can [download it for free from Adobe](#).

### Or, call Member Services:

1-800-685-5209

TTY, call 1-800-654-5988

### Or, Call the Pharmacy Department:

For Physicians - 1-800-685-5215

For Members - 1-800-685-5209, select option 9

### To complete the form:

Fill out the following sections:

- Enrollee’s/Requestor’s Information
- Name of the prescription drug you are requesting
- Prescribing Physician’s Information
- Type of Coverage Determination Request
- Signature and Date

Your doctor must fill out the Non-formulary Drug Exception Form in support of your request.

**To submit the form:**

Submit written requests by mail to:

Gateway Health Plan<sup>®</sup>

Attention: Pharmacy Department

US Steel Tower, Floor 41

600 Grant Street

Pittsburgh, PA. 15219-2704

**Or,**

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

**If you have questions or problems, contact us at:**

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