



U S Steel Tower Floor 41 • 600 Grant Street • Pittsburgh, PA 15219-2704 • 412-255-4640

**Instructions to Request Medicare Prescription Drug Coverage Determination (Exception)**

You and your doctor or other prescriber can ask Gateway Health Plan *Medicare Assured*<sup>®</sup> *HMO SNP* (Gateway) to make an exception for you and cover the drug in the way you would like it to be covered. If your doctor or other prescriber says that you have medical reasons that justify asking us for an exception, your doctor or other prescriber can help you request an exception to the rule. For example, you can ask the Plan to cover a drug even though it is not on the Plan's Drug List. Or you can ask the Plan to make an exception and cover the drug without restrictions. Please submit the following information to ensure that your request is processed appropriately:

Member Name  
Member ID Number  
Member DOB

Prescriber Name  
Prescriber Phone Number  
Prescriber Fax Number

Drug Name  
Drug Dose  
Drug Frequency

If available, please provide:  
    Formulary alternatives tried  
    Diagnosis

\*\*Please indicate whether or not the member's health could be seriously harmed by waiting three days for a decision on this request.

\*\*For members of *Medicare Assured*<sup>®</sup>, the prescribing physician or other prescriber must submit a statement to support the request for coverage determination.

[Click here to submit via secure email.](#)

If you have any questions or would like to file your exception request by phone, you may call Member Services at 1-800-685-5209, 8:00 a.m. to 8:00 p.m. seven (7) days a week. TTY users should call 711.