

**REQUEST FOR AN ALTERNATIVE CONTRACEPTIVE DRUG, DEVICE, OR PRODUCT FOR PATIENTS COVERED UNDER A NY HEALTH INSURANCE POLICY (other than self-funded ERISA coverage, Medicaid, Medicare, and TRICARE)**

Health care providers must complete this form and send it to their patient’s insurer to obtain coverage of a contraceptive drug, device, or product that is not on the insurer’s drug formulary if the therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product on the formulary are not available or are deemed medically inadvisable. Insurers must cover a non-formulary contraceptive drug, device, or product without cost-sharing upon the recommendation of the patient’s health care provider.

<b>Patient’s Information</b>		
<b>Patient’s Name</b>	<b>Date of Birth</b>	
<b>Patient’s Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Health Insurer Name</b>	<b>Patient’s Member ID #</b>	

<b>Attending Health Care Provider’s Information</b>		
<b>Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Office Phone</b>	<b>Fax</b>	
<b>Tax ID # / NPI # (if available)</b>	<b>Facility Name (if applicable)</b>	
<b>Office Point of Contact (optional)</b>	<b>Preferred Contact Method</b>	

**Alternative Contraceptive Drug, Device, or Product Request (to be completed by the attending health care provider)**

The covered therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product are: (check one)

- Not available; OR
- Deemed medically inadvisable.

**Requested Alternative Contraceptive Drug, Device or Product: (complete applicable items)**  
I, the patient's attending health care provider, in my reasonable professional judgment, have determined that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive drug, device, or product listed below is warranted.

<b>Contraceptive Drug/Device/Product Name</b>	<b>Strength</b>	<b>Quantity per Month</b>
<b>J-code</b>	<b>Units Requested</b>	<b>Proposed Date of Service</b>
<input type="checkbox"/> Check if a generic equivalent may be substituted for the requested contraceptive drug, device, or product.		

**Expedited (Fast) Decision (to be completed by the attending health care provider if applicable)**

If the attending health care provider believes that waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function, or the patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product, you can ask for an expedited (fast) decision.

**The patient's health care provider is asking for a decision within 24 hours because: (check one)**

- Waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function.
- The patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product.

**Signature**

**I certify that the information provided in this form is accurate to the best of my knowledge.**

<b>Health Care Provider's Signature</b>	<b>Date</b>

**Send the completed form to:**

**For drugs covered under the retail pharmacy benefit:**

Fax Numbers:

1-800-527-0531 non-specialty medications; or 1-800-853-3844 for specialty medications.

For retail pharmacy alternative contraceptive drug, device, or product requests, you may also submit a request for coverage online via electronic prior authorization (ePA) by using [www.CoverMyMeds.com](http://www.CoverMyMeds.com) or any ePA enabled EMR software or by calling toll-free at 1-800-711-4555. We will notify the provider using the preferred contact method when the request has been processed. You may contact us at the toll-free number on the back of the member's health plan ID card with any questions, including on the status of the request.

**For drugs covered under the medical benefit:**

You may request coverage of an alternative contraceptive drug, device, or product by calling the toll-free number on the back of the member's health plan ID card or by filling out this form and attaching it to your secure online portal request at [www.UHCProvider.com/paan](http://www.UHCProvider.com/paan).