



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

If your physician, other prescriber, or pharmacist tells you Highmark Health Options Duals Select (HMO SNP) 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 a request for prior authorization 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 form from our website at: www.highmarkhealthoptions.com/Duals or,

You can **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.

1-844-722-5837

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 Health Options Duals Select

Attention: Pharmacy Services

P.O. Box 890419

Camp Hill, PA 17089-0419

OR Fax requests to the Pharmacy Department at 1-833-841-8075

If you have questions or problems, contact Member Services at 1-844-722-5837: 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.