



What to do if one of your patients requests a Coverage review or Prior authorization

- you can start the process by **fax** or **telephone**.

By fax

1. Download our online fax form from www.medcohealth.com
2. Fill in the patient, prescription, and prescriber sections.
3. Fax the form without a cover sheet to **1 800 711-5673**.
4. Medco will fax you the appropriate questionnaire. If your request is faxed during the hours of 8:00 a.m. to 9:00 p.m., ET, Monday through Friday, you can expect the questionnaire faxed to you within 2 hours of your request. If the request is received outside of these time frames, the questionnaire will be faxed to you the next business day.
5. Complete the questionnaire, and return it to Medco for final processing.
6. Once the completed questionnaire is returned to Medco, a coverage decision will be faxed to you, usually within 1 business day. In addition, a letter that confirms or denies coverage approval will be sent to both you and the patient.

By telephone

1. Call toll-free **1 800 753-2851** to initiate the review.
2. Medco will fax a form for you to fill out and return (the fax number is indicated on the form). **Please note that a timely response is important.**
3. Medco will send you and your patient a letter that confirms or denies coverage approval (usually within 2 business days of receiving the necessary information).
4. If coverage is approved, your patient will pay the applicable co-payment. If coverage is not approved, the letter will provide the denial reason, and your patient will be responsible for the entire cost of the medication. Your patient has the right to appeal the decision.

Exception request form

Use the [Exception request form](#)* to request coverage for a **non-formulary drug or to request that a non-preferred drug be covered at a lower co-payment**. Please note, the following requests for a lower co-payment are not permitted: Requests to cover a non-preferred brand (tier 3) or preferred brand (tier 2) at the generic co-payment (tier 1); Requests to cover a specialty/high-cost drug (tier 5) at a lower co-payment (tier 3, 2, or 1); or requests to cover an approved non-formulary drug (now covered at a tier-3 co-payment) at a lower co-payment (tier 2 or 1).

http://www.medcohealth.com/art/corporate/pdf/Medicare_Exception_request.pdf

Additional request forms:

More Drug per Dispensing Form to request more drugs per dispensing

http://www.medcohealth.com/art/corporate/pdf/Medicare_More_Drug.pdf

Coverage Review Form to initiate the coverage review process for drugs not included on drug-specific request forms

http://www.medcohealth.com/art/corporate/pdf/Medicare_Coverage_Review.pdf

For general questions or additional information please call Physician Services at (800) 903-6224 or visit Medco's Physician website at www.medcohealth.com