

Exemption requests for zero-cost preventive care medications

For UnitedHealthcare commercial plans

The Patient Protection and Affordable Care Act allows health care professionals to request exemptions from cost sharing plan requirements for certain preventive care medications.

Requesting a cost share exemption for contraceptive medications

To request a cost share exemption, please contact the Optum Rx® Prior Authorization department by calling **800-711-4555**, or complete the health care reform copay waiver request form on page 2 of this document and fax it to 844-403-1027.

Requesting a cost share exemption for non-contraceptive medications

To request an exemption, please complete the health care reform copay waiver request form on page 2 of this document and send it to us using one of the following options:

- **Fax:** 801-994-1345
- **Mail:** UnitedHealthcare
P.O. Box 30573
Salt Lake City, UT 84130-0573

Requesting an expedited cost share exemption for non-contraceptive medications

You may request an expedited medication exemption request if the time needed to complete a standard exemption request could significantly increase the risk to the member's health or ability to regain maximum function.

To request an expedited exemption, please complete the form on page 2 and fax it to us at 801-994-1058.

Information required to request an exemption

If a medication isn't on one of our zero-cost preventive care medication lists, you may submit an exemption request for us to cover it without cost sharing. These exemption requests should have evidence from the prescribing health care professional that the medication is medically necessary and include the following information:



Resources

The **Prescription Drug Lists** (PDLs) page at myuhc.com® includes lists of zero-cost preventive care medications.

Information required to request an exemption (cont.)

- What the patient will use the medication for
- Attestation that the medication is medically necessary for the patient
 - For some non-contraceptive preventive medications, please include whether the patient has attempted other alternatives. Additional information can be found on our [Clinical Pharmacy Prior Authorization, Notification and Medical Necessity Requirements – Commercial](#) page.

Health care reform copay waiver request form

All fields are required. Please do not save this form for future use, as we update it often.

Member information			Provider information	
Name:			Name:	
Member ID number:		National Provider Identifier (NPI) number:	Specialty:	
Date of birth:			Office phone:	
Street address:			Office fax:	
City:	State:	ZIP code:	Office street address:	
Phone:			City:	State:

Medication information		
Medication name:	Strength:	Dosage form:
Check if requesting a brand medication	Directions for use:	
Check if requesting continuation of therapy		

Clinical information

For contraceptives:

Do you attest that the medication you're requesting is medically necessary for contraceptive purposes?
Yes No

For non-contraceptives:

What's the patient's diagnosis for the medication you're requesting? ICD-10 code(s):

If applicable, what medication(s) has the patient tried and had an inadequate response to?

Please specify all medication(s)/strengths tried, length of trial and reason for discontinuation of each medication.

If applicable, what medication(s) does the patient have a contraindication or intolerance to?

Please specify all medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication.

If applicable, please indicate if there are supporting labs or test results:

If you have additional comments or information, including diagnoses, symptoms or medications attempted or failed, please provide them here:

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