

Medication restrictions and requirements: what you need to know



Where can I find out if my drug has a restriction or requirement?

Look in your plan's drug list, called a formulary. You can find this information online at UAWTrustPDP.com or you can call Customer Service toll-free at **1-855-409-0219**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.



What if the drug I'm taking requires a prior authorization?

You may want to talk to your provider to see if there's another drug on the formulary that does not require a prior authorization. If not, you or your provider can request authorization for coverage. If **you** are requesting a prior authorization, you can call Customer Service toll-free at **1-855-409-0219**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

If your **provider** requests a prior authorization, they should call OptumRx directly at **1-800-711-4555**, TTY **711**, 7 a.m.–2 p.m. CT, Monday–Friday; 8 a.m.–5 p.m. CT, Saturday. This OptumRx service center is specifically for health care providers, not members.

If you fill your prescriptions for the drug without getting a prior authorization, the drug will not be covered and you may have to pay the full retail price.



What happens if my prior authorization or coverage exception request is denied?

If your request to cover your drug (called a coverage determination) is denied, you have the right to request an appeal. Requesting an appeal means asking us to reconsider – and possibly change – the decision made. An appeal to the plan about a Part D drug coverage decision is called a plan “redetermination.”

If you decide to appeal the decision, these are the general steps you will need to take. Please refer to your UAW Trust MedicareRx PDP plan Evidence of Coverage (EOC) for more details.

How to appeal a prior authorization request?

STEP 1: The first time you make an appeal, it's called a Level 1 Appeal.

To start your Level 1 Appeal, you (your representative, your provider or other prescriber) must contact us. You can do this by calling Customer Service, but you can also mail or fax your appeal. For details on how to reach us by phone, fax, mail, or on our website, go to Chapter 2, Section 1 of your EOC and look for the section called, "How to contact us when you are making an appeal about your Part D prescription drugs." Some things to keep in mind:

- You must make your appeal request within 60 calendar days of the date written on the notice you received about UnitedHealthcare's coverage decision
- If you are asking for a standard appeal, make your appeal by submitting a written request or calling Customer Service toll-free at **1-855-409-0219**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday
- If your health requires a quick response, you may ask for a "fast" appeal. This can be done in writing or you may call us toll-free at **1-855-409-0219**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday

STEP 2: We will consider your request and give you an answer.

- Decisions for a "fast appeal" must be made within 72 hours after we receive your request
- Decisions for a "standard appeal" if you have not yet received your drug must be made within 7 days after we receive your request
- Decisions for a "standard appeal" for a drug you have already bought must be made within 14 days after we receive your request

STEP 3: If we say "no" to your appeal, you can decide if you want to appeal further.

- Please refer to your Evidence of Coverage for steps on how to make a Level 2 appeal

Questions? We're here to help



Call Customer Service toll-free at **1-855-409-0219**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.



Or visit **UAWTrustPDP.com** to access the plan information and drug list.

Administered by UnitedHealthcare® Insurance Company or one of its affiliates.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are provided by UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.