



Coverage Determination and Prior Authorization Request Form: Medicare “Part B versus Part D” Drugs

This form is for providers to submit information to Tufts Health Plan to help determine drug coverage for Tufts Health Plan Medicare Preferred, Tufts Health Plan Senior Care Options and Tufts Health Unify and proper payment under Medicare “Part B versus Part D” per the Centers for Medicare and Medicaid Services (CMS). You may also submit a request for coverage using the [Request For Medicare Prescription Drug Coverage Determination](https://point32health.promptpa.com) form. To submit online, visit: <https://point32health.promptpa.com>.

- If you check “**YES**” to the question about the drug, the drug may be paid for by Medicare **Part B**
- If you check “**NO**” to the question about the drug, the drug may be paid for by Medicare **Part D**

Yes* **No**

Does the member’s condition require Expedited Review [24 Hours]?

**By checking this box, I certify that the 72-hour standard review time may seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.*

Please fax or mail this completed form to: 617.673.0956 or 1 Wellness Way, Canton, MA 02021 -1166

PATIENT INFORMATION Name: _____ Date: _____ DOB: _____ Member ID: _____ Drug Requested: _____ Strength: _____ Dose: _____ Dosage Form: _____		PRESCRIBER INFORMATION Name: _____ Specialty: _____ Provider ID: _____ Phone: _____ Fax: _____ Office Contact: _____ Prescriber Signature (required): _____ <small>By signing this form, I attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by Tufts Health Plan.</small>	
Hepatitis B Vaccine: Egenerix B, Recombivax HB			
Is this member at intermediate to high risk of contracting Hepatitis B? High/Intermediate risk defined as: ESRD patients, hemophiliacs receiving Factor VIII or IX, clients or staff of an institution for the developmentally disabled, HIV positive patients, persons who live in the same household as a Hepatitis B Virus (HBV) carrier, men who have sex with other men, illicit injectable drug abusers, health care professionals with frequent contact with blood or blood-derived bodily fluids during routine work)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunosuppressants: Astagraf XL, Atgam, Azasan, azathioprine, Cellcept, cyclosporine, Envarsus XR, gengraf, mycophenolate, Nuolojix, Rapamune, Simulect, sirolimus, tacrolimus, Thymoglobulin, Zortress			
Did this member have a Medicare-covered transplant and/or had Medicare at time of transplant? Type of transplant: _____ Date of transplant: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the drug being used to prevent transplant rejection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the drug being used to treat a condition related to the transplant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inhalant Solutions: acetylcysteine, albuterol nebulizer solution, albuterol/ipratropium, Bethkis, Brovana, budesonide solution, cromolyn sodium, ipratropium bromide, levalbuterol, Nebupent, Perforomist, Pulmozyme, tobramycin for inhalation		
Is this drug being delivered via DME (via nebulizer in the home – Note: LTC is not considered “home”)? Please indicate diagnosis and route of administration if not being nebulized: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral Antiemetics: Akynzeo, Aloxi, Anzemet, aprepitant, Cesamet, dronabinol, Emend, granisetron, ondansetron, Varubi		
Is this drug being used to treat chemotherapy-induced nausea and vomiting as a full replacement for IV administration within 48 hours of cancer treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral Chemotherapy: cyclophosphamide, methotrexate, Trexall		
Is this drug being used to treat cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parenteral Nutrition–Amino Acid & Lipids: amino acid solutions, amino acid with electrolyte and/or calcium solutions, IV lipid emulsion		
Does this member have a “permanently” non-functioning digestive tract? (This does not require a determination that there is no possibility that the patient’s condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration (at least 3 months), the test of permanence is considered met.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711).**

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Tufts Health Plan, Attention:
Civil Rights Coordinator, Legal Dept.
1 Wellness Way, Canton, MA 02021
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights; electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

thpmp.org | **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711)**



a Point32Health company

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية (PPO) 1-800-701-9000 (HMO/PDP)/1-866-623-0172 ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO/PDP)/1-866-623-0172 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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