



# Exemption requests for zero-cost preventive care medications

For Health Plan of Nevada and Sierra Health and Life 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 call Member Services at the number on the back of your health plan card or complete the health care reform copay waiver request form on page 2 of this document and fax it to **1-800-997-9672**.

## 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:** **1-800-997-9672**
- **Mail:** HPN/SHL – Pharmacy Services  
P.O. Box 15645  
Las Vegas, NV 89114-5645

## Resources

The **Prescription Drug Lists** for **HealthPlanofNevada.com** and **SierraHealthandLife.com** also include zero-cost preventative care medications.

## 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 **1-800-997-9672**.

## Information required to request an exemption

If a medication isn't on one of our zero-cost preventive care medications 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:

- 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:	Office street address:		
Phone:			City:	State:	
Medication information					
Medication name:			Strength:	Dosage form:	
<input type="checkbox"/> Check if requesting a brand medication			Directions for use:		
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>Please specify all medication(s)/strengths tried, length of trial and reason for discontinuation of each medication.</i>					
If applicable, what medication(s) does the patient have a contraindication or intolerance to? <i>Please specify all medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication.</i>					
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:					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required to safeguard PHI by applicable law. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

Health plan coverage provided by Health Plan of Nevada.

Insurance coverage provided by Sierra Health and Life.

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