HEALTH | CHOICE
UTAH

Peer-to-Peer (P2P) Discussion Request Form – Pharmacy Only

Use this form to request a Pharmacy P2P of a pre-service request that was denied based on Health Plan Criteria. The P2P process is not for benefit exclusions, contract exclusions, or reimbursement issues.

- This form must be received within **7 calendar days** of the date on the denial letter.
- A P2P does not replace an Appeal and is **not** intended to result in an overturn of a denial.
- A P2P request will be dismissed if a **Prior Authorization (PA) has been submitted** and is still pending determination.
- A P2P request will be dismissed if an **Appeal has already been submitted**.
- P2Ps are not available in an urgent status. If situation is urgent/life threatening a new PA should be submitted with information to address denial or an urgent Appeal may be submitted.
- Please note that all medication-related discussions will be routed to a Health Choice Utah Clinical Pharmacist. If there are questions that the Clinical Pharmacist is unable to answer, they will consult with a Health Choice Utah Medical Reviewer.
- The first requested appointment time must be at least two business days from the time of receipt.
- If the request does not meet criteria for a P2P, you may resubmit a new PA or an Appeal. Please refer to the denial letter on how to submit to an Appeal.
- Helpful information for Pharmacy P2P
  - Phone: 877-358-8797; ask for Pharmacy team regarding P2P
  - Fax: 801-646-7300
  - Email: UhealthPlansPharmacyTeam@hsc.utah.edu

Please answer **ALL** of the following questions. If the answers to all the questions below are yes, a P2P may be conducted. Failure to complete will cause the P2P to be dismissed.

Questions	Yes	No
1. Is this request for a P2P related to a pre-service denial? **(Dismissed requests are not eligible for a P2P.)**	☐	☐
2. Do you understand the P2P request will be routed to a Health Choice Utah Clinical Pharmacist?	☐	☐
3. Do you understand that a P2P is a discussion to further understand the reason(s) for the denial based on our policies? **A P2P is not intended to overturn a denial. New information regarding the request must be submitted as an Appeal or as a new Prior Authorization after completion of the P2P.**	☐	☐
4. Is the individual attending the P2P call the prescriber of the denied medication or service?	☐	☐
5. Is the provider able to meet the schedule availability requirements as outlined below? • The first requested time must be at least two business days from the time of receipt. • Provide at least two different 1-hour time periods that are at least two hours apart. • All requested time periods must be between the hours of: 9:00 a.m. and 5:00 p.m., Monday through Thursday **(MST)** 9:00 a.m. and 3:00 p.m., Friday **(MST)** **Weekends/Holidays are excluded**	☐	☐
6. If the provider's availability time periods is during a lunch hour will an office staff person, not an answering service, answer the phone?	☐	☐

Prescriber Information (All information below is required)

Prescriber Contact Information	
Prescriber First & Last Name:	
Name of individual submitting this form:	
Office or direct phone number for coordination:	Office or direct phone number for coordination:
Provider Signature:	
Provider phone number for P2P (pager numbers not accepted):	
Provider Availability: Please provide at least 2 different 1-hour time periods that are at least 2 hours apart in **Mountain Standard Time (MST)**. Refer to #5 above for requirements.	
Date 1:	Date 1:
Date 2:	Date 2:
Date 3:	Date 3:
Date 4:	Date 4:

Member Information (All information below is required)

Member Information	
Member Name:	
Member ID#:	
Member Date of Birth:	
Reference Number (found on denial letter):	
Denied Medication or CPT Code:	Denied Medication or CPT Code:
Brief description of issue for P2P Discussion:	

Brief description of issue for P2P Discussion:

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