

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 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 U of U Health Plans Clinical Pharmacist. If there are questions that the Clinical Pharmacist is unable to answer, they will consult with a U of U Health Plan 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: Medicaid Plans: 833-981-0212 (toll free) or Individual and Commercial Plans: 833-981-0213 (toll free); ask for Pharmacy team regarding P2P
 - Fax: 801-213-1547
 - 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.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you understand the P2P request will be routed to a U of U Health Plans Clinical Pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the individual attending the P2P call the prescriber of the denied medication or service?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the provider able to meet the schedule availability requirements as outlined below? <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ _____ _____ _____ _____ _____	