Request for Outpatient Retail Pharmacy Prior Authorization

Fax to: Clinical Pharmacy Program (800) 583-6289 or

for Medicare HMO Blue and Medicare PPO Blue: (866)463-7700

We plan to respond to your request within two business days of our receipt. To ensure that we can confirm your request (required by NCQA), please be sure to include your fax number.

We cannot process requests unless they contain **all** of the information requested below:		
Patient Information (REQUIRED)		
Name		
BCBSMA ID number		
Is the patient a BCBSMA employee? If yes, please fax request to: **(617) 246-4013**	Yes No	
Date of Birth		
Patient's Diagnosis or ICD-9-CM code		
Physician Information (REQUIRED)		
Name		
Medical Specialty		
BCBSMA Provider number		
Telephone Number		
Fax Number		
Contact Name (if different from physician)		
Please select **one** of the three following sections to complete, depending on the nature of your request for the above-named patient.		
Formulary Exception Request		
Name of non-covered drug you want to prescribe		
Reason for Individual Consideration Request (please check one): ___ Treatment failure with the following covered drugs in class:_____ ___ Documented adverse reaction to the following covered drugs:_____ ___ Other clinical reason (please specify) _____		
Quality Care Dosing Override Request		
Drug name, strength and quantity requested:		
Clinical reason for override (please specify)		
Outpatient Retail Pharmacy Prior Authorization Request		
Drug name:		
Start/End date (must be one year or less):		
Associated Co-morbid diagnosis:		
For Orlistat (Xenical®) only:	Height:	Weight:
For Epogen®/Procrit® only:	GFR:	
	Is patient certified ESRD with Medicare? Yes No	
Prescriber Signature:	Date: