Request for Formulary Exception or Outpatient Retail Pharmacy Prior Authorization

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

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? 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:	Serum Creatinine or Creatinine Clearance:	
	Is patient certified ESRD with Medicare? Yes No	
Prescriber Signature:	Date:	

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