

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?	Yes No
If yes, please fax request to: (617) 246-4013	
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):	
<input type="checkbox"/> Treatment failure with the following covered drugs in class: _____	
<input type="checkbox"/> Documented adverse reaction to the following covered drugs: _____	
<input type="checkbox"/> 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: _____