Regence Oregon and Utah | Regence Idaho and select counties of Washington

Independent licensees of the Blue Cross and Blue Shield Association

Pharmacy Pre-Authorization Request Form

Fax completed form to (855) 212 8110 **Call (844) 765-6827 for assistance**

For a complete list of medication policies, please visit http://blue.regence.com/policy/medication

Patient Information

Patient Name_____ **Date of Birth** _____

ID Number _____ **Phone Number** _____ **Height** _____ **Weight** _____

Medication Information

Medication _____

Dose _____ **Frequency** _____ **Duration** _____ **Currently Taking** ☐Yes ☐ No

Directions _____ **HCPCS Code (if known)** _____

List medications the patient has tried for this diagnosis (include chart notes when available)

Medication Name	Dosage	Date(s) of Therapy	Outcome

Diagnosis (ICD Codes) _____

Medical Rationale _____

_____

_____

Site of Care (if applicable) Refer to Site of Care Review (dru408) for specific policy criteria

Place of service code ☐ **11 - Office** ☐ **12 - Home infusion** ☐ **22 – Outpatient Hospital** ☐ **Other (specify)** _____

Infusion provider name, address, phone number, and TIN _____

_____

If at outpatient hospital, provide rationale and include documentation of medical necessity _____

_____

Prescriber Information

Prescriber Name _____ **Degree** _____

Office Address _____

Phone Number _____ **Fax Number** _____ **Contact Name** _____

Pharmacy Name _____ **Pharmacy Phone** _____

Prescriber Signature _____ **Date** _____

Is this request Urgent? ☐ Yes ☐ No

'Urgent' is defined as: when the member or their provider believes that waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.