



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

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

Call (844) 765-6827 for assistance

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

Servicing Provider

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

Infusion provider name, address, phone number, and TIN

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.