of Tennessee

Pharmacy Medication Review Request

If possible, please submit all coverage review requests through CoverMyMeds or SureScripts in Availity®. This form is only for Commercial members, and it should only be used when electronic requests aren't possible. You can fax this form to **888-343-4232**.

We can't review your request unless you've answered all the questions below. Please submit the additional medical documentation along with this form.

Type of exception request (select all that apply):

☐ Non-covered drug ☐ Waive copay ☐ Quantity limit exception

☐ Prior authorization ☐ Step therapy

Today's date: _____ / _____ / _____ Number of pages including cover sheet: _____
MM DD YYYY

Request for Expedited Review

☐ By placing a check mark here, I certify the standard review time may seriously jeopardize the life or health of the member or their ability to regain maximum function. If this is an urgent request, please call **800-924-7141**.

Member Information (Required)

Last name: _____

First name: _____

BlueCross Member ID: _____

Address: _____ State: _____ZIP:_____

Phone number:_____

Date of birth: ____ / ____/_____
MM DD YYYY

Medication Information (Required)

Drug name and strength: _____

Directions for use: _____

Quantity per 30 days: _____

Date requested for approval of authorization to begin:_____ / _____/_____
MM DD YYYY

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Practitioner Information (Required)

Last name/first name: _____ NPI: _____

Office fax number: _____ Office phone number: _____

1. What is the diagnosis (including ICD-10 codes)?

2. Is this exception for a new start or a continuation of care?

   ☐ New start ☐ Continuation of care

3. Has the patient tried any other medications for this diagnosis?

   ☐ Yes ☐ No

4. Please list any previous or current drugs related to the patient's medical condition, including dates. You may attach a list if needed.

Please include all pertinent medical records, office notes or test results with this form. You can find all the required criteria at this link: **client.formularynavigator.com/Search.aspx?siteCode=7323916982**

Additional comments:

Provider (or authorized) signature: _____ Date: _____ /_____/_____
MM DD YYYY