BlueRx℠
A Medicare Approved Part D Sponsor

MEDICARE PART D PRESCRIPTION DRUG AUTHORIZATION REQUEST FORM

This form is for authorization of prescription drug benefits only and must be COMPLETELY filled out.

☐ **STANDARD REQUEST**
☐ **EXPEDITED REQUEST**

GENERAL INFORMATION Request Type (please check one)

☐ Prior Authorization ☐ Step Therapy Exception ☐ Request Non-formulary Drug ☐ Request for Tiering Exception
☐ Request for Quantity Limit Exception ☐ Appeal

Patient Name

Date of Birth (mm/dd/yyyy)

Patient's Home Address

City | State | Zip

Contract Number (Include Prefix)

Patient Phone Number

PHYSICIAN INFORMATION

Physician Name

Practice Type: ☐ PCP ☐ Specialist

Practice Address

Physician UPIN

City | State | Zip

Provider Number

Office Phone | Office Fax

DRUG INFORMATION

Drug Requested: | Dose Requested:

Reason for Use:

ICD-9 Related to Use: | Duration of Disease:

List other medication this patient has tried with this condition:
Drug: _____ Regimen: _____ Dates of Therapy: _____ to _____
Drug: _____ Regimen: _____ Dates of Therapy: _____ to _____
Drug: _____ Regimen: _____ Dates of Therapy: _____ to _____

Does this patient have any co-morbid conditions that will affect therapy: ☐ Yes ☐ No
If so, please list:

I certify this information is correct. I understand that intentional misrepresentation of information herein may constitute fraud and be subject to legal action.

Recertification is required annually. _____ _____

Physician Signature | Date

BlueRx (PDP) is a Medicare-approved part D sponsor. Enrollment in BlueRx (PDP) depends on CMS contract renewal. Plan offered by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association. Prime Therapeutics, an independent company, manages pharmacy benefits for BlueRx (PDP) members on behalf of Blue Cross and Blue Shield of Alabama.

SUBMISSION INSTRUCTIONS:

FAX You may fax the signed and completed form to Clinical Review Dept. at: **1-800-693-6703**

MAIL You may mail the signed and completed form to: **Prime Therapeutics LLC Clinical Review Department 1305 Corporate Center Drive Eagan, Minnesota 55121**

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