

NON-COVERED PROVIDER ADMINISTERED DRUG EXCEPTION AUTHORIZATION REQUEST FORM

This form is for authorization of provider administered drug benefits for non-covered drugs **ONLY** and must be **COMPLETELY** filled out.

GENERAL INFORMATION <input type="checkbox"/> Request for Non-Covered Drug Exception	Patient Name		
	Patient's Home Address		
	City	State	Zip
	Date of Birth (mm/dd/yyyy) ____/____/____	Contract Number (include prefix) _____	

PRESCRIBER INFORMATION			
Prescriber Name		Practice Type <input type="checkbox"/> PCP <input type="checkbox"/> Specialty: _____	
Practice Address		National Provider Identifier (NPI) _____	
City	State		
Office Phone	Office Fax _____		

REQUEST TYPE (Please check one) <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Authorization Renewal (Please attach any additional medical information.)

TREATMENT INFORMATION	
Drug/Strength/Frequency/Quantity Requested:	Duration of Disease (Years):
Place of Services:	Route of Administration:
Healthcare Professional to Administer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ICD-10 Codes:	
Medical rationale for use (include chart notes if possible):	

List medications this patient has tried for this condition (include current medications and titration history if applicable)

Drug	Strength/Frequency	Dates of Therapy	Outcome of Therapy
1.			
2.			
3.			
4.			
5.			

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

Note: Medications received through manufacturer coupons or samples are not accepted as justification of prior therapy.

Prescriber Signature (Required for processing request)		
I certify this information is complete and correct to the best of my knowledge.	Prescriber Signature _____	Date _____
<i>Please attach any additional medical justification.</i>		

SUBMISSION INSTRUCTIONS	EMAIL You may email the signed and completed form to Pharmacy Review at: Pharm-Pol-Rvw-Comm@bcbsal.org	MAIL You may mail the signed and completed form to: Pharmacy Review 450 Riverchase Parkway East • Birmingham, AL 35244
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