BlueCross BlueShield of North Carolina

BlueMedicare HMO - RAI

Part D Coverage Determination Form
Exception Request and Prior Authorization
(Incomplete Form May Delay Processing)

Prescriber Information		Patient Information	
Physician Name:		Patient Name:	
Office Contact Person:		Patient ID # :	
Office Phone # :	Office Fax # :	Home Phone # :	
Address:		Sex (circle): M F	DOB:
City: State: Zip:			

Diagnosis and Medical Information		
Medication:	Strength and Route of Administration:	Frequency:
☐ New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:	Qty:
Diagnosis:		

Rationale for Exception Request or Prior Authorization
FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION

☐ **Prior Authorization Request**: Part D coverage of certain drugs is available only if coverage is not available under Part B. (See http://www.cignagovernmentservices.com/partb/coverage/index.html#policies for Part B coverage clarification).

➔ Specify at REQUIRED EXPLANATION below Clinical Reasons drug covered under Part D drug benefit:

☐ **Non-Formulary Request:**
Alternate drug(s) contraindicated or previously tried, but with adverse outcome (e.g., toxicity, allergy, or therapeutic failure)

➔ Specify at REQUIRED EXPLANATION below: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s);

Complex patient with one or more chronic conditions (including, for example, psychiatric condition, diabetes) is stable on current drug(s); high risk of significant adverse clinical outcome with the medication change

➔ Specify at REQUIRED EXPLANATION below: Anticipated significant adverse clinical outcome

☐ **Other Request**:_____

➔ Explain below at REQUIRED EXPLANATION

REQUIRED EXPLANATION:_____

_____

I certify that, to the best of my knowledge, the above information is accurate.

Physician Signature:_____

Please Return Completed Form to: Fax number: 1-888-446-8535
Address: BCBSNC, Attention: Exceptions-Health Services
P.O. Box 17509, Winston-Salem, NC 27116-7509
Provider telephone: 1-888-296-9790

10/2007