



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent Licensee of the Blue Cross and Blue Shield Association

Medicare Part D Coverage Determination Request Form
Blue Cross Blue Shield of Massachusetts Clinical Pharmacy Department

25 Technology Place Hingham, MA 02043

Telephone: (800) 366-7778 or Fax to Clinical Pharmacy Program: (866) 463-7700

Patient Information and Prescriber Information section containing fields for Patient name, Member ID#, Address, Home Phone, DOB, Prescriber name, NPI #, Office Phone #, and Office Fax #.

Diagnosis and Medical Information section containing fields for Medication (name and strength), Route of Administration, Directions for use, Quantity Requested, Patient's Diagnosis or ICD-9-CM code, Expected Length of Therapy, and Prescriber's Signature/Date.

Type of Coverage Determination Requested section with checkboxes for Exception Request, Prior Authorization Request, Exception to Prior Authorization Request, and Tiering Exception Request.

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

Multiple checkboxes for reasons for exception: Alternate drug(s) contraindicated, Complex patient, Medical need for different dosage form, Request for formulary tier exception, etc.

REQUIRED EXPLANATION section with a line for 'Other:' and a checkbox to 'Explain below', followed by four horizontal lines for text entry.

Request for Expedited Review section with a checkbox for 24-hour review and a certification statement regarding the 72-hour standard review time.

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.