

Pharmaceutical Exception Request

Please consult your physician to complete this form. Incomplete or incorrect information may delay response.

Indicate the type of exception request with an next to one of the following: Non-Covered Drug only Waive Copay for Brand Name Contraceptive
Request for Expedited Review (24 Hours) By placing a check mark here, I certify that the standard review time (72 hrs) may seriously jeopardize the life or health of the member or member's ability to regain maximum function.

DATE:	DRUG REQUESTED (ONE DRUG PER REQUEST):	QUANTITY PRESCRIBED:
MEMBER		PRESCRIBING PRACTITIONER
Name:	Name:	
Member ID No:	Office Fax No:	Office Phone No:
DOB:	Signature:	
Medical condition for drug requested:		
Expected duration of drug treatment:		
Practitioner's reason for copay waiver of brand name contraceptive :		
MEDICATION HISTORY		
Please list any previous or current drugs related to the medical condition, including drug names and treatment dates. Current drugs are defined as drugs used by the member within the last 30 days. For previously prescribed drugs, include beginning and ending dates of treatment. If none or not applicable to diagnosis, check N/A		
DRUG NAME		DATES AND DURATION OF TREATMENT
	CURRENT	PREVIOUS
	CURRENT	PREVIOUS
	CURRENT	PREVIOUS
	CURRENT	PREVIOUS

COMPLETE THIS FORM AND SUBMIT BY ONE OF THE FOLLOWING:

Fax: PHARMACY MANAGEMENT DEPARTMENT: 1-888-343-4232 **Email:** fax_Pharmacy_Management@bcbst.com, place Pharmaceutical Exception Request in the subject line
For requests by phone: Members may call the Member Service number on the back of your BlueCross identification card. Providers may call Provider Service at **1-800-924-7141**

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance (“Nondiscrimination Grievance”). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

