

Provider Advanced Specialty Benefit Management (ASBM) Exception Request Form

The Advanced Specialty Benefit Management (ASBM) Program impacts some provider-administered medications. If a patient has the ASMB benefit, you must send the prescription, the patient's demographics and a copy of their insurance card to a contracted BlueCross specialty pharmacy linked below. If you can't use a contracted specialty pharmacy, complete the form below and we'll review your request on a case-by-case basis. You can find our [specialty pharmacy networks](#) at provider.bcbst.com under the **Pharmacy Coverage** section of our website. You can also find the [Provider-Administered Specialty Pharmacy Products](#) list online.

Please note: We must have an approved authorization on file before we can review any exceptions.

Who will be getting this care?

Member ID number: _____

Member name: _____ Member date of birth: ____ / ____ / ____

Street address: _____

City: _____ State: ____ ZIP: ____

Phone number: _____

Who will be providing this care?

☐ Doctor/Provider or ☐ Hospital/Facility

Requested provider or facility name: _____

Provider NPI#: _____ Schedule date of service: ____ / ____ / ____

Medications requested for review to buy and bill: _____

Provider or facility street address: _____

City: _____ State: ____ ZIP: ____

Contact name: _____

Contact's phone number with extension: _____

Contact's fax number: _____

Contact's email: _____

Provider/Facility representative signature: _____

Date: ____/____/____

Title: _____

Provider's signature required.

After you have filled out this form, please send it to:

Email: [THM ASBM@bcbst.com](mailto:THM_ASBM@bcbst.com)

Fax: **1-800-614-7859**