

Advanced Therapeutics Authorizations

Fax this completed form along with clinical to Commercial Utilization Management at 1-866-558-0789.
If you have an urgent review and you need an immediate response, please call 1-800-924-7141.

Member Name _____ Date of Birth _____

Member ID # _____ If you have reference number, please include _____

Case Information

Contact Name _____ Phone _____ Fax _____

Date of Service _____ Diagnosis with Diagnosis Code(s) _____

For the most current Advanced Therapeutics drug list requiring prior authorization, visit the Provider-Administered Specialty Pharmacy Products at <https://www.bcbst.com/docs/pharmacy/provider-administered-specialty-pharmacy-list.pdf>. Be sure to look for the therapy drugs that require authorization from Commercial Utilization Management noted with a "2" and highlighted in green.

Important Note: Please provide the name of the therapy drug, the CPT code and Dosage/Units, *without this information your request will be returned and may delay the review.*

Drug Name	CPT Codes	Dosage/Units

Service Type

☐ Ambulatory/Outpatient ☐ Initial DRG ☐ Observation ☐ Initial Per Diem

Provider Information

☐ Place of Service ☐ Facility ☐ MD Office ☐ Ambulatory Surgery Center ☐ Other

Physician Name _____

Physician Address _____

Physician Number _____ Tax ID _____ NPI _____

Physician Phone Number _____ Fax Number _____

Facility Name (if in a facility) _____

Facility Address _____

Facility Number _____ Tax ID _____ NPI _____

Facility Phone Number _____ Fax Number _____

Please attach pertinent Clinical Information