



# Provider-Administered Medication Authorization

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Fax this completed form along with clinical information to Pharmacy Management at **1-888-343-4232**.

For a faster response time, you can also submit coverage review requests digitally through **Availity.com**.

## Request for Expedited Review

By placing a check mark here, I certify the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Member Name: \_\_\_\_\_

Member Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ BlueCross BlueShield of Tennessee Member ID #: \_\_\_\_\_

Member Height: \_\_\_\_\_ Member Weight: \_\_\_\_\_

## Case Information

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requested date for authorization start: \_\_\_/\_\_\_/\_\_\_\_\_

Diagnosis with Diagnosis Code(s): \_\_\_\_\_

Continuation of Care:    Yes    No

For the most current drug list requiring prior authorization, visit the Provider-Administered Specialty Pharmacy at <https://www.bcbst.com/docs/pharmacy/provider-administered-specialty-pharmacy-list.pdf>

**Important Note:** Please provide the information in the grid below. Without this information your request will be returned and may delay the review.

Drug Name & Strength	CPT Codes	Dosage/Units	Frequency	# of Doses

**Please attach pertinent Clinical Information**

## Place of Service

Ambulatory/Outpatient    MD Office    Inpatient

## Requesting Provider Information

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Number: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Rendering Provider Information

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Number: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Name (if in a facility): \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Number: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Fax: \_\_\_\_\_