



**Blue Care
Network
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medical Benefit Drug Request Form

Clinical Review Request for BCNHMOSM and BCN AdvantageSM

Attention: BCN Pharmacy - Specialty

Fax: 1-877-402-7695

Note: To request authorization for drugs covered under the pharmacy benefit, please call the BCN Clinical Pharmacy Help Desk at 1-800-437-3803.

Date _____

Instructions:

This form may be used by participating physicians and providers to request clinical review for drugs covered under the medical benefit for BCN HMO and BCN Advantage members. Complete this form and fax it to BCN at 1-877-402-7695 along with supporting clinical documentation. Please contact BCN Specialty Pharmacy Helpdesk at 1-800-437-3803 with any questions.

**ALL REQUESTED INFORMATION MUST BE PROVIDED FOR CONSIDERATION FOR COVERAGE.
PLEASE TYPE OR PRINT CLEARLY**

Step 1:
Patient and
physician
information

Patient information

Name: _____

DOB: _____

Current Weight: _____

Member ID#: _____

Ordering Physician information

Name: _____

Specialty: _____

NPI: _____

Phone: _____

Fax: _____

Step 2:
Provider of service
and treatment
information

****Required for ALL requests****

Treatment Start Date: _____ New Therapy OR Continuation: _____

Diagnosis Code (s): _____ CPT and HCPCS: _____

Provider of Service: _____ Provider of service NPI: _____

Place of Service: Home Outpatient Provider Office

Provider of service fax: _____

Step 3:
Medical
information

Drug information

Drug name: _____ Dose: _____ Frequency: _____

Length of Treatment: _____ Diagnosis: _____

Step 4:
Other relevant
history and
information

Please fax all required clinical criteria and information indicated for this medication. Refer to the pertinent clinical criteria: [Clinical Criteria for BCN HMO \(commercial\)](#) or [Clinical Criteria for BCN Advantage](#)

Step 5:
Contact
information

Please provide the name and telephone number of the person Blue Care Network should notify when a decision is made.

Confidentiality notice: This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify BCN at 1-800-392-2512 immediately to arrange for the return of this document.

FAX COMPLETED FORM AND SUPPORTING DOCUMENTATION TO

1-877-402-7695