



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

## Medication Request Form (MRF) –Commercial Non-Formulary/Benefit Exception Request

This form is to be used by participating physicians to obtain coverage for **Non-Formulary Medications and Benefit Exception requests**. Please complete this form and fax to the BCBSM Pharmacy Services Clinical Help Desk at **1-866-601-4425**. If you have any questions regarding this process, please contact BCBSM at 1-800-437-3803.

**For Internal Use Only:**

- Closed Formulary –Waiver for Medical Necessity      Benefit Exception:       Yes    No
- Custom Select Formulary –Waiver for Medical Necessity

**Step 1:**  
Patient &  
Physician  
Info

**Patient Information**

**Physician Information**

<b>Name:</b>		<b>Name:</b>	
<b>ID Number:</b>		<b>Specialty:</b>	
<b>Date of Birth:</b>		<b>DEA/NPI#:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Phone:</b>	
<b>Phone:</b>		<b>Fax:</b>	

<b>Drug Name:</b>		<b>Strength:</b>	
<b>Sig:</b>		<b>Duration:</b>	
<b>Diagnosis:</b>		<b>Quantity:</b>	

**Step 2:**  
Required for  
requests

**Please answer questions below and provide chart notes:**

- What is the patient's indication for this medication? \_\_\_\_\_
- Is the patient currently stable on this medication?    YES    NO
- If yes-When was the medication started? \_\_\_\_\_
- Have chart notes been included with this request? \*\*\*\*\****This is required***\*\*\*\*\*
- YES    NO

**Please list medications that have been tried & failed.  
List the dates of therapy. Describe the outcome.**

Medication	Dates of therapy	Outcome

**Prescriber's Signature:**

Blue Cross Blue Shield of Michigan  
Prior Authorization Dept.  
PO Box 2320,  
Detroit, MI 48231-2320

**Phone: (800) 437-3803**  
**Fax: (866) 601-4425**

Office Contact:

Tech/Date/Time:

- Request for expedited review

By checking this box, I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

See 29 CFR 2560.503-1 paragraph (m)(1)(i)(A) and (B) for the Department of Labor definition of an urgent request. Requests not meeting this definition will be determined according to the standard timeframes.

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