



**BLUE MEDICARE
ADVANTAGE**

Complete form in its entirety and fax to 816-398-6547, attention PA pharmacist.
Contact Blue Medicare Advantage Medical Management Department at 1-(866)-508-7140 if you have questions.

**PART B DRUG PRIOR AUTHORIZATION
REQUEST FORM**

Request type:

Standard Review (72 hour)

Expedited Review (24 hours) – By checking this box I certify that applying the 72 hour standard review timeframe might seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.

NOTE: Please complete all fields in the form. Missing information and lack of prompt response to requests for additional information may delay response time. Please attach relevant supporting documentation such as labs, results of diagnostic tests, and office visit notes to this request.

PATIENT INFORMATION

Patient name DOB

Street address, city, state, zip

Blue Medicare Advantage member ID#	Sex	M	F	Weight	Height	BMI
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Drug allergies

PRESCRIBER INFORMATION

Prescriber name Provider NPI

Street address, city, state, zip Provider Specialty

Office phone Office fax Office contact person and direct extension

DRUG DISPENSING AND ADMINISTRATION INFORMATION

Who is furnishing the drug?
 Physician’s office or facility will furnish drug
 Member picking drug up at a pharmacy.
IMPORTANT NOTE: If member is picking drug up at pharmacy, this request must be faxed to the Part D drug prior authorization department at 1-844-403-1028

Facility where drug is to be administered
 Physician’s office
 Outpatient infusion center
Center name: _____
 Home Infusion
Agency name: _____
 Self-inject

MEDICATION

Name of requested medication, dose, route, frequency

 New start Continued treatment

Next treatment date

DIAGNOSIS AND CLINICAL INFORMATION PLEASE DOCUMENT ICD-10 HERE:

Please provide the diagnosis:

Please include an explanation for the request below. **IN ADDITION, PLEASE ATTACH ANY RELEVANT SUPPORTING DOCUMENTATION SUCH AS LABS, RESULTS OF DIAGNOSTIC TESTS, AND OFFICE VISIT NOTES TO THIS FORM.**

Prescriber

signature _____ Date _____

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