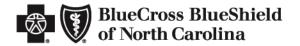


Tier Exception Request Form

(Incomplete Form May Delay Processing)

Prescriber	Informat	ion		Patient Information	nn -
Physician Name:	moma	NPI #:	Patient Name:	rauem morman	pii
Office Contact Person:		Patient ID # :			
Office Phone # : Office Fax # :		Home Phone #:			
Address:			Sex (circle): M	F DOB:	
City:	State:	Zip:		-	
Please answer questions below					
Diagnosis code:					
Drug requesting:				ts. All 3 fields requi	ired for processing.
Quantity per Month:		_	_	•	_
1. Please indicate if the requested medication is a:					
☐ brand-name pr			ric product		
2. Is the patient currently taking the requested medication?					
 Please list the names <u>and</u> strengths of all medications previously tried and failed (please specify if the product was brand-name, generic, or over-the-counter), or to which the patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to related to this diagnosis. (Please include any additional clinical rationale for requesting this exception.) 4. Is the requested agent a high-risk medication (please refer to the patient's formulary at 					
	•	**	·	•	□Yes □No
http://www.bcbsnc.com/content/medicare/member/policies/approval.htm)?					
A. Is the patient at least 65 years of age?					□Yes □No
B. Do the benefits of the requested high-risk medication outweigh the risks for this patient?□Yes □No C. Has the prescriber documented that the potential side effects and risks of this high-risk medication					
				_	□Yes □No
PLEASE NOTE:					
*Tier Exception reques NOT considered for T *Tier Exception reques tier (e.g. Zostavax vac *Formulary Exception r *See Evidence of Cove	ier 6, Tie ts are No ccine). equests,	er 5, Tier 3, or Tier DT considered for approved for cove	1 medications. drugs that do not he erage, will not be co	ave an alternative a	available on a lower
I certify that I have appropriate authority to request a coverage determination for the medication indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information.					
Physician Signature:				Date:	
		MODE INFORM	ATION ON NEYT DA	CE	



Tier Exception Request Form

(Incomplete Form May Delay Processing)

Please Return Completed Form to:

Fax 1-888-446-8535

OR

Address: Blue Cross NC

Attn: Part D Coverage Determinations

P.O. Box 17509

Winston Salem, NC 27116-7509

Provider Phone 888-298-7552 Blue Medicare Rx; 888-296-9790 Blue Medicare HMO/PPO

Blue Cross and Blue Shield of North Carolina is a HMO/PPO/PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

Members HMO:

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-310-4110 (TTY: 1-888-451-9957).
- 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-888-310-4110(TTY:1-888-451-9957)。

Members PPO:

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-494-7647 (TTY: 1-888-451-9957).
- 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-877-494-7647 (TTY: 1-888-451-9957)。

Members Rx (PDP):

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-247-4142 (TTY: 1-888-247-4145).
- 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-888-247-4142 (TTY: 1-888-247-4145)。