

Tier Exception Request Form

(Incomplete Form May Delay Processing)

Prescriber Information		Patient Information	
Physician Name:	NPI #:	Patient Name:	
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: _____
Medication Name / Strength / Dose Form – example: Aspirin 81 mg tablets. All 3 fields required for processing.

Quantity per Month: _____ **Dosing Schedule:** _____

1. Please indicate if the requested medication is a:
☐ brand-name product ☐ generic product
2. Is the patient currently taking the requested medication?.....☐Yes ☐No
If YES, please answer the following:
 - A. Please provide the treatment start date of the requested medication : ____/____/____
 - B. Is the patient currently taking a *lower dose* of the requested medication (e.g. currently taking 30 mg, request is for 60 mg)?.....☐Yes ☐No
3. Please list the names **and** 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 <http://www.bcbsnc.com/content/medicare/member/policies/approval.htm>)?.....☐Yes ☐No
If YES, please answer the following:
 - 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 have been discussed with the patient or authorized representative of the patient?.....☐Yes ☐No

PLEASE NOTE:

- *Tier Exception requests are only considered for Tier 4 and Tier 2 medications. Tier Exception requests are NOT considered for Tier 6, Tier 5, Tier 3, or Tier 1 medications.
- *Tier Exception requests are NOT considered for drugs that do not have an alternative available on a lower tier (e.g. Zostavax vaccine).
- *Formulary Exception requests, approved for coverage, will not be considered for a Tier Exception.
- *See Evidence of Coverage (EOC) for more information.

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: _____

MORE INFORMATION ON NEXT PAGE



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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）。