

**Regence**

Oregon and Utah

**Regence**

Idaho and select counties of Washington

Independent licensees of the Blue Cross and Blue Shield Association

**Pharmacy Pre-Authorization
Request Form****Fax completed form to (855) 212 8110**For a complete list of medication policies, please visit <http://blue.regence.com/policy/medication/>

Call (844) 765-6827 for assistance

Patient Information**Patient Name****Date of Birth****ID Number****Phone Number****Height****Weight****Medication Information****Medication****Dose****Frequency****Duration****Currently Taking** ☐Yes ☐No**Directions****HCPCS Code (if known)**

List medications the patient has tried for this diagnosis (include chart notes when available)

Medication Name

Dosage

Date(s) of Therapy

Outcome

Diagnosis (ICD Codes)**Medical Rationale****Servicing Provider****Place of service code** ☐11 - Office ☐12 - Home infusion ☐22 - Outpatient Hospital ☐Other (specify)**Infusion provider name, address, phone number, and TIN****Provide rationale and include documentation of medical necessity****Prescriber Information****Prescriber Name****Degree****Office Address****Phone Number****Fax Number****Contact Name****Pharmacy Name****Pharmacy Phone****Prescriber Signature****Date****Is this request Urgent?** ☐Yes ☐No

'Urgent' is defined as: when the member or their provider believes that waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.