of Tennessee

Pharmaceutical Exception Request

Please consult your physician to complete this form. Incomplete or incorrect information may delay response.

Indicate the type of exception request with an ✓ next to one of the following: ☐ Non-Covered Drug only ☐ Waive Copay for Brand Name Contraceptive
Request for Expedited Review (24 Hours) ☐ By placing a check mark here, I certify that the standard review time (72 hrs) may seriously jeopardize the life or health of the member or member's ability to regain maximum function.

DATE:	DRUG REQUESTED (ONE DRUG PER REQUEST):	QUANTITY PRESCRIBED:

MEMBER	PRESCRIBING PRACTITIONER
Name:	Name:
Member ID No:	Office Fax No: Office Phone No:
DOB:	Signature:

Medical condition for drug requested:

Expected duration of drug treatment:

Practitioner's reason for copay waiver of brand name contraceptive :

MEDICATION HISTORY

Please list any previous or current drugs related to the medical condition, including drug names and treatment dates. Current drugs are defined as drugs used by the member within the last 30 days. For previously prescribed drugs, include beginning and ending dates of treatment. If none or not applicable to diagnosis, check ☐ N/A

DRUG NAME			DATES AND DURATION OF TREATMENT
	☐ CURRENT	☐ PREVIOUS	
	☐ CURRENT	☐ PREVIOUS	
	☐ CURRENT	☐ PREVIOUS	
	☐ CURRENT	☐ PREVIOUS	

COMPLETE THIS FORM AND SUBMIT BY ONE OF THE FOLLOWING:

Fax: PHARMACY MANAGEMENT DEPARTMENT: 1-888-343-4232 **Email:** fax_Pharmacy_Management@bcbst.com, place Pharmaceutical Exception Request in the subject line
For requests by phone: Members may call the Member Service number on the back of your BlueCross identification card. Providers may call Provider Service at **1-800-924-7141**

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener ayuda en español, llame al 1-800-565-9140 Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140 Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140