PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Medicare Advantage Part B Drug Request Form

Clinical Review Request for Premera Blue Cross Medicare Advantage Members

Attention: – Pharmacy Department

Fax: 866-544-3078 or submit to Jiva™ via the provider portal

Provider Portal: premera.com/wa/provider/medicare-advantage

Note: This form is for Medicare Advantage Part B Benefit Drugs. To request authorization for drugs covered under the Medicare Part D Pharmacy Benefit, please call: 844-449-4723 (TTY: 711).

Date: _____

Instructions:

This form may be used by participating physicians and providers to request clinical review for drugs covered under the medical benefit for Premera Blue Cross Medicare Advantage. Complete this form and fax it to 866-544-3078 along with supporting clinical documentation. Please contact Care Management at 855-339-8127 for any questions.

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR CONSIDERATION FOR COVERAGE.
PLEASE TYPE OR PRINT CLEARLY

Step 1:
Patient and Physician Information

Patient Information	
Name:	
DOB:	
Weight:	
Member ID:	
Fax:	

Ordering Provider Information	
Name:	
Specialty:	
NPI:	
Phone:	
Fax:	

Administering Provider/Facility Information	
Name:	
Specialty:	
NPI:	
Phone:	
Fax:	

Step 2:
Provider of Service and Treatment Information

Required for ALL requests

Treatment Start Date: _____

Diagnosis Code(s): _____ HCPCS: _____

Place of Service (Please Check): ☐ Home ☐ Outpatient ☐ Provider Office

Step 3:
Medical Information

Drug information

Drug Name: _____ Dose: _____ Frequency: _____

Length of Treatment: _____ Diagnosis: _____

Step 4: Other Relevant History and Information	Please fax all required clinical criteria and information indicated for this medication in the document.
Step 5: Contact Information	Please provide the name and telephone number (and extension, if applicable) of the person Premera Blue Cross should notify when a decision is made. Name: _____ Phone: _____

PLEASE FAX THE COMPLETED MEDICARE ADVANTAGE PART B BENEFIT DRUG FORM AND SUPPORTING DOCUMENTATION TO 866-544-3078

TO REQUEST AUTHORIZATION FOR DRUGS COVERED UNDER THE MEDICARE PART D PHARMACY BENEFIT, PLEASE CALL 844-449-4723 (TTY: 711)