Blue Cross complete of Michigan

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

Medication Prior Authorization Request

Confidential Information

Submit the completed form:

- **By fax:** Attention Pharmacy at 1-855-811-9326
- **By mail:** PerformRx, Attention: 4th Floor Prior Auth Dept
  200 Stevens Drive, Philadelphia, PA 19113

Note: Blue Cross Complete's prior authorization criteria for a brand-name (DAW) request: Documentation of an adverse event or lack of efficacy with the generic formulation **and** completion of an **FDA MedWatch** form. Please forward a copy of the submitted **MedWatch** form with this request. Forward the original **MedWatch** form to the FDA.

Member information

Name:	**DOB:**	**ID number:**

Prescriber information

Name:		**Specialty:**	
Phone:	**Fax:**	**NPI:**	
Street address:	**City:**	**State:**	**ZIP:**

Servicing provider/facility

Name:		**NPI:**	
Phone:	**Fax:**	**TIN:**	
Street address:	**City:**	**State:**	**ZIP:**

Medication information

Name:	**Strength requested:**
Is this brand medically necessary? ☐ No ☐ Yes *If yes, provide the rationale by completing the questions*	
Quantity requested and directions:	
Anticipated length of therapy: _____ days ☐ 3 months ☐ 6 months ☐ 12 months	
For diagnosis:	

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Specialty/injectable medications: ☐ Medication to be delivered to physician's office (pharmacy billing) **OR** ☐ Office reimbursement request (physician billing)	Find the complete Specialty Drug List at **mibluecrosscomplete.com/pharmacy.**
Preferred medications tried, previous therapy: *Note: Please include strength, frequency and duration.*	
Rationale and any additional information relevant to the review of this request:	
Prescriber signature:	**Date:**

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Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and,
  - Information in other formats (large print, audio, accessible electronic formats).
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters; and,
  - Information written in other languages.

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

- **Blue Cross Complete of Michigan**
  Attn: Civil Rights Coordinator
  P.O. Box 41789
  North Charleston, SC 29423
  1-800-228-8554
  (**TDD/TTY: 1-888-987-5832**)
  grievance@mibluecrosscomplete.com
- If you need help filing a grievance, Blue Cross Complete of Michigan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

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Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554 (TTY: 1-888-987-5832)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554 (TTY: 1-888-987-5832)**.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-800-228-8554 (TTY: 1-888-987-5832)**。

Syriac:
ܬܘܼܫܕܹܝܼ: ܐܸܢ ܐܵܢ ܡܸܬ ܡܶܡܠܶܠ ܠܶܫܵܢܵܐ ܣܘܼܪܝܵܝܵܐ، ܐܸܬ ܠܟ ܫܘܼܪܝܵܢ ܕܥܵܕܪܵܐ ܕܡܸܬ ܠܡܶܫܡܫ ܒܠܸܫܵܢܵܐ ܕܝܠܟ ܒܚܸܢܵܡ. ܩܪܵܝ ܠ **1-800-228-8554 (TTY: 1-888-987-5832)**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554 (TTY: 1-888-987-5832)**.

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554 (TTY: 1-888-987-5832)** 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554 (TTY: 1-888-987-5832)** নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。**1-800-228-8554 (TTY: 1-888-987-5832)** まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554 (TTY: 1-888-987-5832)**.

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554 (TTY: 1-888-987-5832)**.