

BlueCare Plus (HMO SNP)<sup>SM</sup>

## Part B Specialty Pharmacy Drug Request Fax Form

Member Name \_\_\_\_\_ DOB \_\_\_\_\_

Member ID Number \_\_\_\_\_ PFFS \_\_\_\_\_ LPPO \_\_\_\_\_

Name of Drug \_\_\_\_\_

Dosage/Route \_\_\_\_\_

Diagnosis \_\_\_\_\_

Co-morbidities \_\_\_\_\_

Plan of Treatment/Cycle \_\_\_\_\_

Prior Treatments/Medications and Results \_\_\_\_\_

Current Lab Values \_\_\_\_\_

Date of Service \_\_\_\_\_ Place of Service \_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ Facility/Provider Number \_\_\_\_\_

NPI Number \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Requesting Physician \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

Requesting Physician Provider Number \_\_\_\_\_ NPI \_\_\_\_\_

Please Fax to BlueCare Plus Utilization Management Department upon completion of this form

**Fax: 1-866-325-6698**

Telephone: 1-866-789-6314