

PRESCRIPTION DRUG PRIOR AUTHORIZATION



This form applies to most BCBSNM commercial plans, as well as BlueSaludSM (Medicaid Salud!).

This form does NOT apply to the following groups/plans with pharmacy benefits carved out to a separate Pharmacy Benefits Manager: NM Public Schools Insurance Authority, NM Retiree Health Care Authority, State of New Mexico, Federal Employee Program, Blue Medicare PPOSM (Medicare Advantage), and Blue MedicareRxSM (Medicare Part D).

| | | |
|----------------------------|-----------------------|--------------|
| Patient's Name: | Date of Birth: | ID #: |
| Prescribing Doctor: | Phone #: | |
| Pharmacy: | Phone #: | |

| Requested Medication: | | |
|-----------------------|------------------|--------------------|
| Name: | Strength: | Directions: |
| Start Date: | End Date: | Refills: |

| Requested Medication: | | |
|-----------------------|------------------|--------------------|
| Name: | Strength: | Directions: |
| Start Date: | End Date: | Refills: |

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|--|
| Diagnosis: |
| Other medications tried: |
| Additional information supporting request (attach chart notes and/or labs if applicable): |
| Comments: |

| | |
|-----------------|-----------------|
| Sent by: | Phone #: |
|-----------------|-----------------|

Please fax this form to (505) 816-3853, Attention: Pharmacy Services.
For questions, call BCBSNM Pharmacy Services at 1-800-325-8334, Option #5

BlueSalud services are funded in part under contract with the State of New Mexico.

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