



Retail Pharmacy and Mail Order Pharmacy Precertification Request Form

Form with sections: Provider Information, Patient Information, Medication Information. Fields include Physician's Name, Patient's Name, Specialty, NPI, Address, Date of Birth, Gender, Phone, Fax, E-mail, Medication Name, Directions for Use, Signature, Date.

Please fax completed form to (602) 864-3126.

Our standard response time is 1 to 2 business days. Please fill out the form completely and accurately. Incomplete forms will be returned, causing a delay in the precertification review process.

Precertification is required for certain medications covered under the retail and mail order pharmacy benefit. A list of medications that require precertification is available on the BCBSAZ Web site at azblue.com in the "Prescriptions Medications" section.

Specialty Self-Injectable Medications

This form is not applicable to specialty self-injectable medications. Please contact Provider Assistance at (602)864-4320 or (800) 232-2345 ext 4320 for benefits and eligibility under the Home Health or Specialty Injectable Benefits.

Retail and Mail Order Pharmacy Benefit Limitations and Exclusions

The fact that a medication is recommended or prescribed by a physician does not make it a benefit. Prescription medication benefits are subject to all the limitations and exclusions stated within the member's benefit plan.

Patient care is decided between the provider and the member. BCBSAZ's interpretation of medical necessity is a benefits determination made in accordance with the provisions of the member's benefit plan. BCBSAZ's role is limited to administration of the benefits under the member's benefit plan.

This form replaces the Formulary Exception Request Form