BlueCross BlueShield Federal Employee Program.

Specialty Formulary Tier Exception Member Request Form

Send completed form to:
Service Benefit Plan
Attn: Reconsideration
P.O. Box 52080
Phoenix, AZ 85072-2080
FAX: 1-800-273-5357

CARDHOLDER OR PHYSICIAN COMPLETES

If you are requesting a copay exception for more than one medication, please use a separate form for each medication.

Patient Name: _____ / _____ / _____
First MI Last

Patient Address: _____ _____ _____ _____
Street Address City State Zip

Patient Date of Birth: _____ / _____/ _____ Sex: M ❒ F ❒

R [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Cardholder Identification Number

If approved, your exception override will be applied to the Specialty Pharmacy.
Please indicate the day supply you would like the override set: ❒ 30 day supply ❒ 90 day supply

PHYSICIAN ONLY COMPLETES

All fields below must be completed to begin processing the Formulary Tier Exception Request.

Patient's Diagnosis: _____

Specialty-Drug Name copay requested for (please specify drug name): _____

Please specify Dosing Directions: _____

Indicate the outcome that best describes your patient's experience with all drugs in this therapeutic class:

❑ **Therapeutic Failure(s)** with generic and/or brand medications in this therapeutic class. *Write NA if not applicable.*

1) Indicate ALL the drug name(s) the patient has failed on in this class: _____

_____

2) Describe the therapeutic failure(s): _____

_____

❑ **Adverse Event(s)** with generic and/or brand medications in this therapeutic class. *Write NA if not applicable.*

1) Indicate ALL the drug name(s) the patient has had an adverse event within this class:_____

_____

2) Describe the adverse event(s): _____

_____

_____ (_____) _____ (_____) _____
Physician Name (Print Clearly) Phone Fax

_____ _____ _____ _____
Street Address City State Zip

_____ _____
Prescriber's NPI Physician Specialty

_____ _____ / _____ / _____
Physician Signature Date

Prescriber Certification: I certify that I am the physician and all information provided on this form to be true and correct to the best of my knowledge and belief.