

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, and Blue MedicareRxSM (Medicare Part D).

Patient's Name:	Date of Birth:	ID #:
Prescribing Doctor/NPI #	Phone #:	
Pharmacy:	Phone #:	

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

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

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

Sent by:	Phone #:
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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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