BlueCross BlueShield of Oklahoma

BlueLincs
Blue Cross and Blue Shield of Oklahoma

Clinical Quantity Limit Override Request Form

Pharmacy Programs Fax: 918-551-3546

Please print and provide *ALL* requested information. Incomplete forms will be returned.

Contact person at physician's office _____ Phone _____

Prescribing Physician _____ Fax _____

Physician NPI # _____ DEA _____

Physician's address _____

City _____ State _____ Zip _____

Patient's Name _____ Date of Birth _____

Subscriber ID _____ Group _____

This should be the PATIENT'S BCBSOK ID number, not the physician's. Note that we cannot preauthorize medications for Federal employees, Medicare Part D members, or any patient that does not have coverage through BlueCross BlueShield of Oklahoma.

Drug Name _____ Strength _____

Quantity requested per month and therapy duration: _____

ICD-9 Diagnosis code _____ Route of administration _____

Medication directions _____

Previous drug therapies tried and outcome:

_____

_____

_____

_____

_____

_____

_____

_____

To aid in expediting this request: please include (A) detailed letter of medical necessity, and (B) copy of patient medical records, including information on all therapies utilized to treat the specific diagnosis for which additional medication is being requested.

After 72 hours, you may call the customer service number on the back of the patient's ID card for a status update. **Your response will be sent by mail, not fax.**

I certify under penalty of law that the above information is true and correct to the best of my knowledge.

_____ _____

PRESCRIBING PHYSICIAN'S SIGNATURE DATE

Updated 12/15/09