

Submit the completed form:

- **By fax:** Attention Pharmacy at 1-855-811-9326
- **By mail:** PerformRx, Attention: 4th Floor Prior Auth Dept
200 Stevens Drive, Philadelphia, PA 19113

Note: Blue Cross Complete's prior authorization criteria for a brand-name (DAW) request:

Documentation of an adverse event or lack of efficacy with the generic formulation **and** completion of an **FDA MedWatch** form. Please forward a copy of the submitted **MedWatch** form with this request. Forward the original **MedWatch** form to the FDA.

Member information

Name:	DOB:	ID number:
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Prescriber information

Name:	Specialty:	
Phone:	Fax:	NPI:
Street address:	City:	State: ZIP:

Medication information

Name:	Strength requested:
Is this brand medically necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide the rationale by completing the questions below.</i>	
Quantity requested and directions:	
Anticipated length of therapy: _____ days <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	
For diagnosis:	
Specialty/injectable medications: <input type="checkbox"/> Medication to be delivered to physician's office (pharmacy billing) OR <input type="checkbox"/> Office reimbursement request (physician billing)	Find the complete Specialty Drug List at mibluecrosscomplete.com/pharmacy .
Preferred medications tried, previous therapy: <i>Note: Please include strength, frequency and duration.</i>	
Rationale and any additional information relevant to the review of this request:	
Prescriber signature:	Date:



Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

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