



- **Submit the completed form:**
 - By fax, to: Attention Pharmacy at 1-855-811-9326
 - By mail, to: Blue Cross Complete,
Attention: Pharmacy
100 Galleria Officentre
Suite 210
Southfield, MI 48034

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.

- **Submit appeal requests** directly to Blue Cross Complete by faxing to: 1-866-900-4482

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? No Yes <i>If yes, provide the rationale by completing the questions below.</i>	
Quantity requested and directions:	
Anticipated length of therapy: _____days 3 months 6 months 12 months	
For diagnosis:	
Specialty/injectable medications: Medication to be delivered to physician's office (pharmacy billing) OR Office reimbursement request (physician billing)	A complete list of specialty medications is available at MiBlueCrossComplete.com > Pharmacy > Specialty Drug Guide .
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:
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