

# PRESCRIPTION DRUG PREAUTHORIZATION



**Blue Cross and Blue Shield  
of New Mexico**

This form is used for drugs requiring preauthorization for BlueSalud<sup>SM</sup> (Medicaid Salud!) members.

**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 MedicareRx<sup>SM</sup> (Medicare Part D).

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

Requested Medication:		
<b>Name:</b>	<b>Strength:</b>	<b>Directions:</b>
<b>Start Date:</b>	<b>End Date:</b>	<b>Refills:</b>

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<b>Start Date:</b>	<b>End Date:</b>	<b>Refills:</b>

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

<b>Sent by:</b>	<b>Phone #:</b>
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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

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