



Drug Quantity Limitations Request Form

See NOTE below. Do not use this form for Triptans, Butorphanol nasal spray, Ketorolac tablets (Incomplete Form May Delay Processing)

Prescriber Information		Patient Information	
Physician Name:		Patient Name:	
Office Contact Person:		Patient ID # :	
Office Phone # :	Office Fax # :	Home Phone # :	
Address:		Sex (circle): M F	DOB:
City:	State:	Zip:	
Medication and Quantity Requested			
Medication:	Strength and Route of Administration:	Frequency of Administration:	
QTY: _____ per _____ days	Expected Length of Therapy:	<input type="checkbox"/> New Prescription OR Date Therapy Initiated: _____	
<p>NOTE: Specific clinical criteria and request forms are available at http://www.bcbsnc.com/assets/medsupp-member/public/medicare-supplement/policies/approval.htm to request the following drugs:</p> <ul style="list-style-type: none"> • Triptans • Butorphanol nasal spray • Ketorolac tablets 			
Rationale for Excess Quantity Requested FORM CANNOT BE PROCESSED WITHOUT EXPLANATION			
<p>Diagnosis: _____</p> <p>Document reasons for exceeding the quantity limit for this medication (See quantity limitations for specific medications at http://www.bcbsnc.com/assets/medsupp-member/public/medicare-supplement/policies/approval.htm):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>I certify that, to the best of my knowledge, the above information is accurate.</p> <p>Physician Signature: _____ Date: _____</p>			

Please Return Completed Form to: Fax number: 1-888-446-8535
 Address: BCBSNC, Attention: Exceptions-Healthcare Services
 P.O. Box 17509, Winston-Salem, NC 27116-7509
 Provider telephone: 1-888-296-9790

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