



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: 1-888-446-8440
 Address: BCBSNC, Attention: Exceptions-Health Services
 P.O. Box 17168
 Winston-Salem, NC 27116-7168
 Provider Line Telephone: 1-888-298-7552

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