



An Independent Licensee of the Blue Cross and Blue Shield Association

614 Market Street
 P.O. Box 1948
 Parkersburg, West Virginia 26102

Local 304/424-7700
 Toll Free 800/344-5514

Writers Direct Dial Number

Highmark Blue Cross Blue Shield West Virginia Specialty Drug Request Form

Once completed, please fax this form to Walgreens at 1-877-231-8302.

*Please use a separate form for each drug. Print, type, or WRITE LEGIBLY and complete form in full.
 Walgreens will contact Highmark WV for authorization, if necessary. Walgreens can be reached at (888) 347-3416.*

Subscriber Information						
Subscriber ID Number			Group Number			
Patient Name					Date of Birth	
Patient Address		City	State	Zip Code	Phone Number	
Drug Name (<u>only</u> specialty drugs)			Strength		Quantity	
Directions			Refills	Diagnosis		
Date Rx needed			Ship to (please check one): Physician's office ___ Patient's Home ___ Other			
Physician Signature (required)			DEA		Date	
Alternatives Tried / Used by Patient (if applicable)						
Drug Name		Strength	Documentation of Failure of Therapy			
Drug Name		Strength	Documentation of Failure of Therapy			
Medical Rationale / Reason for Drug Therapy / Treatment Plan						
PHYSICIAN INFORMATION						
Physician Name			Phone		Fax	
Physician Address			City		State	Zip Code
FOR INTERNAL REVIEW						
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable <input type="checkbox"/> Benefit Denial						
Reason Code		Decision Date		Reviewer's Initials		

Instructions for Completing the Specialty Drug Request Form

1. Submit a separate form for each medication.
2. Complete **ALL** information on the form.
NOTE: The prescribing physician (PCP or Specialist) should, in most cases, complete the form
3. Please provide the physician address as it is required for physician notification
4. Fax the **COMPLETED** form to 1-877-231-8302

Or mail to: **Walgreens Specialty Pharmacy**
500 Noblestown Rd, Suite 200
Carnegie, PA 15106

Specialty Drugs Requiring Prior Authorization

For the following specialty drugs and/or therapeutic categories, the diagnosis, applicable lab data, and involvement of specialists are required, plus additional information as specified:

Brand Name	Billing Code	Brand Name	Billing Code
Botox	J0585	Octagam	J1568
Cimzia	J0718	Omnitrope	J2941
Dysport	J0586	Orencia	J0129
Enbrel	J1438	Orthovisc	J7324
Flebogamma	J1572	Prialt	J2278
Gammagard Liquid	J1569	Privigen	J1459
Gamunex	J1561	Remicade	J1745
Genotropin Products	J2941	Saizen	J2941
Hizentra	J1559	Serostim	J2941
Humatrope	J2941	Supartz	J7321
Hyalgan	J7321	Synagis	90378
Hyaluronan (Euflexxa)	J7323	Synvisc	J7325
Immune Globulin IV, NOS	J1566	TEV-Tropin	J2941
IVIG	90283	Thyrogen	J3240
Lioresal Intrathecal	J0475-76	Tysabri	J2323
Lucentis	J2778	Visudyne	J3396
Macugen	J2503	Vivaglobin	90284, J1562
Myobloc	J0587	Xolair	J2357
Norditropin Products	J2941	Zorbtive	J2941
Nutropin Products	J2941		