Wellmark Advantage Health Plan

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Medicare Advantage Part B Drug Request Form

Clinical Review Request for Wellmark Advantage Health Plan Members

Attention: – Pharmacy Department
Fax: 1-877-218-0941
Note: This form is for Medicare Advantage Part B Benefit Drugs. To request authorization for drugs covered under the Medicare Part D Pharmacy Benefit, please fax required information to ** 1-855-633-7673**

Date: _____

Instructions: This form may be used by participating physicians and providers to request clinical review for drugs covered under the medical benefit for Wellmark Advantage Health Plan. Complete this form and fax it to 1-877-218-0941 along with supporting clinical documentation. Please contact Care Management at 1-855-673-4225 for any questions.

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR CONSIDERATION FOR COVERAGE. PLEASE TYPE OR PRINT CLEARLY

Step 1: Patient and Physician Information

Patient Information	
Name:	
DOB:	
Weight:	
Member ID:	
Fax:	

Ordering Provider Information	
Name:	
Specialty:	
NPI:	
Phone:	
Fax:	

Administering Provider/Facility Information	
Name:	
Specialty:	
NPI:	
Phone:	
Fax:	

Step 2: Provider of Service and Treatment Information

Required for ALL requests

Treatment Start Date: _____

Diagnosis Code(s): _____ HCPCS: _____

Place of Service (Please Circle): ☐ Home ☐ Outpatient ☐ Provider Office

Step 3: Medical Information

Drug information

Drug Name: _____ Dose: _____ Frequency: _____

Length of Treatment: _____ Diagnosis: _____

Step 4: Other Relevant History and Information	Please fax all required clinical documentation
Step 5: Contact Information	Please provide the name and telephone number (and extension, if applicable) of the person Wellmark Advantage Health Plan should notify when a decision is made. Name: _____ Phone: _____

PLEASE FAX THE COMPLETED MEDICARE ADVANTAGE PART B BENEFIT DRUG FORM AND SUPPORTING DOCUMENTATION TO 1-877-218-0941

TO REQUEST AUTHORIZATION FOR DRUGS COVERED UNDER THE MEDICARE PART D PHARMACY BENEFIT, PLEASE CALL 1-855-344-0930