



Precertification Request Form for
Compounded Medication

Precertification for a compounded medication of \$150.00 or more requires completion of this form in its entirety. All requested data must be provided. Once completed the form must be signed by the pharmacist and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126. Incomplete forms may result in denial of requested medication due to lack of needed information.

Compounded medications are defined as medications that contain at least one FDA-approved component and are custom-mixed by a pharmacist.

Patient Information

BCBSAZ Member ID Patient's Name Date of Birth Gender
Male Female

Ingredients (COPY OF INVOICE REQUIRED for products without a valid NDC - please attach)

Table with columns: Active Drug Ingredient, Strength, NDC, Quantity x Cost/Unit = Totals. Includes rows for Compounding Fee and Total Cost for Compound.

Method of Compounding (COPY OF RECIPE REQUIRED - please attach)

Document any additional information or deviation from recipe below.

Time to Prepare: \_\_\_\_\_ hr(s) and \_\_\_\_\_ mins

Prescription Information (COPY OF ORIGINAL PRESCRIPTION REQUIRED - please attach)

Final Product Name Strength Dosage Form Dosing Regimen Total Quantity Days Supply

Diagnosis or Indication of Use

Prescriber Information

Physician Name National Provider Number (NPI)

Pharmacy Information

Pharmacy Name NABP Number or National Provider Number (NPI)
Contact Name Phone Number Fax Number

Pharmacist Attestation

I certify this information is complete and correct to the best of my knowledge. Signature Title Date