



Complete this form to request an exception for a Member to receive a contraceptive drug that is not on Blue Cross & Blue Shield of Mississippi's preventive drug formulary if the therapeutic and pharmaceutical equivalent versions of a contraceptive drug on the preventive drug formulary are not available or are deemed medically inadvisable. Submit this completed form with current chart notes and any other documents supporting medical necessity for the requested contraceptive as opposed to other alternatives available at no cost. Incomplete forms and forms received without chart notes may be returned for additional information.

For Affordable Care Act-compliant plans only

Member Information			
Member Name (First):		Last:	M:
BCBSMS ID#:	Group#:		DOB (mm/dd/yyyy):
Member Address:		City:	State: Zip:
Home Phone Number:		Cell Phone Number:	

Provider/Clinic Information			
Provider Name:		Tax ID #/NPI #:	
Clinic Name:		Provider Specialty:	
Clinic Address:		City:	State: Zip:
Phone Number:	Fax Number:	Contact Name (optional):	

Contraceptive Drug Request	
Member's Diagnosis - ICD code plus description:	
Requested Contraceptive Drug Name:	Strength:
Dosing Schedule:	Quantity per Month:
Has the Member experienced inadequate response(s) with contraceptives on the preventive drug formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the medication(s) the Member has previously tried and failed. (Please specify if brand name, generic, extended-release products, or over-the-counter products):	

Has the Member experienced any contraindications, an allergic reaction or an adverse drug reaction with contraceptives on the preventive drug formulary?

Yes No

If so, please specify:

Has the Provider determined contraceptive(s) on the preventive drug formulary are medically inadvisable or not appropriate based on a specific clinical concern?

Yes No

Check if a generic equivalent may be substituted for the requested contraceptive drug.

Comments

I affirm the information given on this form is true and accurate as of this date.

Provider or Authorized Signature: _____ **Date:** _____

Please submit the completed form as follows.

Network Provider: Contraceptive Coverage Exception requests must be submitted through the Be Rx Smart section in the myBlue Provider portal.

Non-Network Provider: Contraceptive Coverage Exception requests may be submitted by selecting the Contraceptive Coverage Exception link on www.bcbsms.com/im-a-provider/out-of-state-prescription-drug-services and following the prompts.

Members: Mail the completed form to Blue Cross & Blue Shield of Mississippi, Attn: Member Appeals, 3545 Lakeland Drive, Flowood, MS 39232 or fax to 601-664-4807.

BCBSMS will notify the Provider using the preferred contact method when the request has been processed. The Member may contact our Customer Support Team at 601-664-4590 or 800-942-0278, 8:00 a.m. to 4:30 p.m. Monday through Friday with any questions, including the status of the request.