



## BlueCross BlueShield of Illinois

### **Illinois Uniform Prior Authorization Form for Prescription Benefits – Submission Information**

The Illinois Department of Insurance has made a uniform prior authorization (PA) request form available for use by prescribing providers to initiate a prior authorization request.

The form should be used when requesting pre-approval from Blue Cross and Blue Shield of Illinois (BCBSIL) for any specified prescription(s) or prescription quantity before dispensing the prescription(s) for our Commercial/Retail members.

For BCBSIL's PA program criteria summaries for specific medications, refer to the [Prime Therapeutics \(Prime\) website](#). These criteria summaries can be used to complete section H (other pertinent information) on the uniform PA request form.

#### **Completed forms for BCBSIL members can be mailed or faxed to:**

Prime Therapeutics LLC  
Clinical Review Department  
2900 Ames Crossing Road  
Eagan, MN 55121

Phone: 800-285-9426  
Fax: 877-243-6930

Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Providers can call the phone number on the member's Blue Cross and Blue Shield of Illinois ID card to determine whether a medication is part of the member's benefit. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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