



**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee  
of the Blue Cross and  
Blue Shield Association

## Form to Request Opt Out for Prevention Medication

If you want to exclude a specific medication from the BCBSAZ prevention medication list and have it process under your regular medication benefit (rather than your preventive care benefit), please complete this form and send it to:

H S A Prevention Medication Opt Out Changes  
Pharmacy Benefits A115  
Blue Cross Blue Shield of Arizona  
P.O. Box 13466  
Phoenix, AZ 85002-3466  
Fax: (602) 864-3126  
Email: RxDept@azblue.com

1. Please type or print clearly. All information in each section must be provided.
2. A separate form must be completed for **each** member and **each** medication being removed from the prevention medication list.
3. The member requesting the opt out must sign each form submitted. An adult contract holder may sign the form for a minor dependent.
4. BCBSAZ will make system changes within 7 business days. Changes will be effective no later than 7 business days after BCBSAZ's receipt of the completed and signed notice. No retroactive changes are allowed.

Member Information		
Member's Name		
Member ID	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Member's Address		
City	State	Zip Code
Phone # ( ) -		

Medication Information		
Name of Medication:	Form (i.e. tablet, cream, etc.):	Strength (i.e. : 10 mg, 20 mcg, etc.):

By signing this form, for myself (or a minor dependent), I acknowledge and agree that coverage for the above named medication will apply under the standard prescription benefit and that costs for applicable coverage will apply to the plan deductible.

\_\_\_\_\_  
Member's Signature required

\_\_\_\_\_  
Date

### TERMINATION of OPT OUT

If you sign this opt out form, later determine that the specified medication is being used for preventive care, and wish to terminate your opt out decision, you must send BCBSAZ a written, signed and dated request to the address, fax, or email indicated above stating that you wish to have that medication included in your H S A prevention medication benefit because that medication is being used for preventative therapy. You must send BCBSAZ a separate request for each specified medication that was subject to an opt out.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



An Independent Licensee of the Blue Cross and Blue Shield Association

