



REQUEST FOR MEDICARE DRUG COVERAGE DETERMINATION

**Use this form to ask our plan for a coverage determination.** You can also ask for a coverage determination by phone at 1-888-310-4110 for Blue Medicare HMO, 1-877-494-7647 for Blue Medicare PPO, 1-888-247-4142 for Blue Medicare Rx, or 1-833-777-7394 for Experience Health Medicare Advantage<sup>SM</sup> (HMO). TTY: 711. 7 days a week, 8 a.m. – 8 p.m. You, your doctor or prescriber, or your authorized representative can make this request.

**Plan Enrollee**

Name	Date of birth
Street address	City
State	ZIP
Phone	Member ID #

**If the person making this request isn't the plan enrollee or prescriber:**

Requestor's name
Relationship to plan enrollee
Street address (include City, State and ZIP)
Phone
<input type="checkbox"/> Submit documentation with this form showing your authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or equivalent). For more information on appointing a representative, contact our plan or call 1-800-MEDICARE. (1-800-633-4227). TTY users can call 1-877-486-2048. (24 hours a day/7days a week)

<b>Name of drug this request is about</b> (include dosage and quantity information if available)
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**Type of Request**

- My drug plan charged me a higher copayment for a drug than it should have
- I want to be reimbursed for a covered drug I already paid for out of pocket
- I'm asking for prior authorization for a prescribed drug (this request may require supporting information)

**For the types of requests listed below, your prescriber MUST provide a statement supporting the request.** Your prescriber can complete pages 3 and 4 of this form, "Supporting Information for an Exception Request or Prior Authorization."

- I need a drug that's not on the plan's list of covered drugs (formulary exception)
- I've been using a drug that was on the plan's list of covered drugs before, but has been or will be removed during the plan year (formulary exception)
- I'm asking for an exception to the requirement that I try another drug before I get a prescribed drug (formulary exception)
- I'm asking for an exception to the plan's limit on the number of pills (quantity limit) I can get so that I can get the number of pills prescribed to me (formulary exception)
- I'm asking for an exception to the plan's prior authorization rules that must be met before I get a prescribed drug (formulary exception).
- My drug plan charges a higher copayment for a prescribed drug than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception)
- I've been using a drug that was on a lower copayment tier before, but has or will be moved to a higher copayment tier (tiering exception)

Additional information we should consider *(submit any supporting documents with this form)*:

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**Do you need an expedited decision?**

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we'll automatically give you a decision within 24 hours. If you don't get your prescriber's support for an expedited request, we'll decide if your case requires a fast decision. (You can't ask for an expedited decision if you're asking us to pay you back for a drug you already received.)

- YES, I need a decision within 24 hours.** If you have a supporting statement from your prescriber, attach it to this request.

<b>Signature:</b>	<b>Date:</b>
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## **How to submit this form**

Submit this form and any supporting information by mail or fax:

**Address:**

Blue Cross NC  
ATTN: Part D Coverage Determination  
P.O. Box 2251  
Durham, NC 27702-2251

**Fax Number:**

1-888-446-8535

**Supporting Information for an Exception Request or Prior Authorization  
To be completed by the prescriber**

**REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

**Prescriber Information**

Name	
Street Address (Include City, State and ZIP)	
Office phone	
Fax	
Signature	Date

**Diagnosis and Medical Information**

Medication:	Strength and route of administration:	
frequency:	Date started: <input type="checkbox"/> <b>NEW START</b>	
Expected length of therapy:	Quantity per 30 days:	
Height/Weight:	Drug allergies:	
<b>DIAGNOSIS – Please list all diagnoses being treated with the requested drug and corresponding ICD-10 codes</b> (If the condition being treated with the requested drug is a symptom e.g. anorexia, weight loss, shortness of breath, chest pain, nausea, etc., provide the diagnosis causing the symptom(s) if known)		ICD-10 Code(s)
<b>Other RELEVANT DIAGNOSES:</b>		ICD-10 Code(s)

**DRUG HISTORY: (for treatment of the condition(s) requiring the requested drug)**

<b>DRUGS TRIED</b> (if quantity limit is an issue, list unit dose/total daily dose tried)	<b>DATES of Drug Trials</b>	<b>RESULTS of previous drug trials FAILURE vs INTOLERANCE (explain)</b>

What is the enrollee's current drug regimen for the condition(s) requiring the requested drug?

### DRUG SAFETY

Any **FDA NOTED CONTRAINDICATIONS** to the requested drug?  YES  NO

Any concern for a **DRUG INTERACTION** when adding the requested drug to the enrollee's current drug regimen?  YES  NO

If the answer to either of the questions above is yes, please 1) explain issue, 2) discuss the benefits vs potential risks despite the noted concern, and 3) monitoring plan to ensure safety

### HIGH RISK MANAGEMENT OF DRUGS IN THE ELDERLY

If the enrollee is over the age of 65, do you feel that the benefits of treatment with the requested drug outweigh the potential risks in this elderly patient?  YES  NO

### OPIOIDS – (answer these 4 questions if the requested drug is an opioid)

What is the daily cumulative Morphine Equivalent Dose (**MED**)?  
**mg/day**

Are you aware of other opioid prescribers for this enrollee?  
If so, please explain.  YES  NO

Is the stated daily MED dose noted medically necessary?  YES  NO

Would a lower total daily MED dose be insufficient to control the enrollee's pain?  YES  NO

### RATIONALE FOR REQUEST

**Alternate drug(s) previously tried, but with adverse outcome, e.g. toxicity, allergy, or therapeutic failure** [If not noted in the DRUG HISTORY section, specify below: (1) Drug(s) tried and results of drug trial(s) (2) if adverse outcome, list drug(s) and adverse outcome for each, (3) if therapeutic failure, list maximum dose and length of therapy for drug(s) trialed]

**Alternative drug(s) contraindicated, would not be as effective or likely to cause adverse outcome.** A specific explanation why alternative drug(s) would not be as effective or anticipated significant adverse clinical outcome and why this outcome would be expected is required. If contraindication(s), list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated

**Patient would suffer adverse effects if he or she were required to satisfy the prior authorization requirement.** A specific explanation of any anticipated significant adverse clinical outcome and why this outcome would be expected is required.

**Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change** A specific explanation of any anticipated significant adverse clinical outcome and why this outcome would be expected is required – e.g. the condition has been difficult to control (many drugs tried, multiple drugs required to control condition), the patient had a significant adverse outcome when the condition was not controlled previously (e.g. hospitalization or frequent acute medical visits, heart attack, stroke, falls, significant limitation of functional status, undue pain and suffering), etc.

**Medical need for different dosage form and/or higher dosage** [Specify below: (1) Dosage form(s) and/or dosage(s) tried and outcome of drug trial(s); (2) explain medical reason (3) include why less frequent dosing with a higher strength is not an option – if a higher strength exists]

**Request for formulary tier exception** If not noted in the DRUG HISTORY section, specify below:  
(1) formulary or preferred drug(s) tried and results of drug trial(s) (2) if adverse outcome, list drug(s) and adverse outcome for each, (3) if therapeutic failure/not as effective as requested drug, list maximum dose and length of therapy for drug(s) trialed, (4) if contraindication(s), list specific reason why preferred drug(s)/other formulary drug(s) are contraindicated]

**Other** (explain below)

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### English

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### Chinese / 中文

**注意:** 如果您说中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-888-310-4110 (TTY: 711) 或咨询您的服务提供商。

### Vietnamese / Việt

**LƯU Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-310-4110 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### Korean / 한국어

**알림:** 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-310-4110 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

### French / Français

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### Arabic / العربية

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### Hmong / Lus Hmoob

**LUG CEEV TSHWJ XEEB:** yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 1-888-310-4110 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.

### Russian / РУССКИЙ

**ВНИМАНИЕ:** Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-888-310-4110 (TTY: 711) или обратитесь к своему поставщику услуг.

### Tagalog

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-310-4110 (TTY: 711) o makipag-usap sa iyong provider.

### Gujarati / ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-310-4110 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### Mon-Khmer, Cambodian / ភាសាខ្មែរ

កំណត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភតតិក្ត្រូក៏មានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទូរស័ព្ទលេខ 1-888-310-4110 (TTY: 711) និយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

### German / Deutsch

**WICHTIGER HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-310-4110 (TTY: 711) oan oder sprechen Sie mit Ihrem Provider.

### Hindi / हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-310-4110 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### Laotian / ລາວ

ເຂົ້າຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ໝາຍສົມເໝີໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-310-4110 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### Japanese / 日本語

お知らせ：日本語をお話した場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-888-310-4110 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。



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### German / Deutsch

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### Hindi / हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-494-7647 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### Laotian / ລາວ

ເຂົ້າຂ່າວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ໝາຍສົມເໝີໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-494-7647 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### Japanese / 日本語

お知らせ：日本語をお話した場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-877-494-7647 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。

### English

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### Spanish / Español

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-247-4142 (TTY: 711) o hable con su proveedor.

### Chinese / 中文

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### Vietnamese / Việt

**LƯU Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-247-4142 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### Korean / 한국어

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### French / Français

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### Arabic / العربية

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### Hmong / Lus Hmoob

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### Russian / РУССКИЙ

**ВНИМАНИЕ:** Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-888-247-4142 (TTY: 711) или обратитесь к своему поставщику услуг.

### Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-247-4142 (TTY: 711) o makipag-usap sa iyong provider.

### Gujarati / ગુજરાતી

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### Mon-Khmer, Cambodian / ភាសាខ្មែរ

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### Japanese / 日本語

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# Experience Health Medicare Advantage<sup>SM</sup> (HMO)

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



### English

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### Spanish / Español

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ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-833-777-7394 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## Laotian / ລາວ

ເຂົ້າຂ່າວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ໝາຍສົມເໝີໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-833-777-7394 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

## Japanese / 日本語

お知らせ：日本語をお話した場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-833-777-7394 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。