# Prior Authorization (PA) Request Form

To submit request electronically, please go to covermymeds.com using Plan/PBM Name “BCBS NC”
Fax: 888-446-8535

## Prescriber Information
<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>NPI #:</th>
<th>Patient Name:</th>
</tr>
</thead>
</table>

## Office Contact Person:
<table>
<thead>
<tr>
<th>Office Phone #:</th>
<th>Office Fax #:</th>
<th>Home Phone #:</th>
</tr>
</thead>
</table>

## Address:
<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

## Patient Information

## Diagnosis and Medication Information
<table>
<thead>
<tr>
<th>Drug Requested:</th>
<th>Diagnosis Code:</th>
</tr>
</thead>
</table>

## Strength and Route of Administration:
<table>
<thead>
<tr>
<th>Dosing Schedule:</th>
</tr>
</thead>
</table>

## Quantity per 30 Days:

### Please answer questions below

1. Is this request for an expedited review?...□ Yes □ No  
   **Check the “Yes” box to request an expedited review if the enrollee or his/her physician or other prescriber believes that waiting for a decision under the standard time frame may place the enrollee’s life, health, or ability to regain maximum function in serious jeopardy. A standard review will have a decision made within 72 hours for a coverage determination.**

2. Please select the diagnosis for the requested drug and answer any associated questions:
   - □ Myelofibrosis  
     A. Is the patient an adult?...□ Yes □ No
     B. Does the patient have intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis?...□ Yes □ No
   - □ Other (please specify): ________________________________

3. Is the patient currently (within the past 180 days) being treated with the requested agent?...□ Yes □ No  
   A. If NO, does the patient have any FDA labeled limitation(s) of use not otherwise supported in NCCN guidelines?...□ Yes □ No

4. Is the quantity requested greater than the set quantity limit #120 capsules per 30 days?...□ Yes □ No  
   A. If YES, please provide a clinical rationale in support of the quantity requested, including length of time the requested dose has been used (may submit medical records to support this request): __________________________________________________________________________________________

I certify that I have appropriate authority to request a coverage determination for the medication indicated on this request. I further certify that the patient’s medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information.

Physician Signature: __________________________ Date: __________________

---

Blue Cross and Blue Shield of North Carolina is a HMO/PPO/PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

An independent licensee of the Blue Cross and Blue Shield Association. ©, SM Marks of the Blue Cross and Blue Shield Association.

Updated: 01/01/2020
Members HMO:

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

• ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-310-4110 (TTY: 1-888-451-9957).

• 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-310-4110（TTY：1-888-451-9957）。

Members PPO:

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


• 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-494-7647（TTY：1-888-451-9957）。

Members Rx (PDP):

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


• 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-247-4142（TTY：1-888-247-4145）。

© Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.