

Prior Authorization (PA) Request Form

To submit request electronically, please go to covermy meds.com using Plan/PBM Name "BCBS NC"

Fax: 888-446-8535

Mail: Blue Cross NC, ATTN: Part D Coverage Determination
P.O. Box 17509, Winston Salem, NC 27116-7509

Call: 888-298-7552 Blue Medicare Rx
888-296-9790 Blue Medicare HMO/PPO

Incomplete Form May Delay Processing

Prescriber Information		Patient Information	
Physician Name:	NPI #:	Patient Name:	
Office Contact Person:		Patient ID #:	
Office Phone #:	Office Fax #:	Home Phone #:	
Address:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
City:	State:	Zip:	DOB:
Diagnosis and Medication Information			
Drug Requested:		Diagnosis Code:	
Strength and Route of Administration:		Dosing Schedule:	
Quantity per 30 Days:			
Please answer questions below			
<p>1. Is this request for an expedited review?.....<input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i></p>			
<p>2. Please select the diagnosis for the requested drug and answer any associated questions:</p> <p><input type="checkbox"/> Myelofibrosis</p> <p style="margin-left: 20px;">A. Is the patient an adult?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">B. Does the patient have intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other (please specify): _____</p>			
<p>3. Is the patient currently (within the past 180 days) being treated with the requested agent?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">A. If NO, does the patient have any FDA labeled limitation(s) of use not otherwise supported in NCCN guidelines?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>4. Is the quantity requested <i>greater</i> than the set quantity limit #120 capsules per 30 days?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">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): _____</p> <p style="margin-left: 20px;">_____</p>			
<p>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.</p> <p>Physician Signature: _____ Date: _____</p>			

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.

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.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-494-7647 (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1-877-494-7647（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.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-247-4142 (TTY: 1-888-247-4145).
- 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）。