South Carolina

Prior Authorization (Pharmacy Benefit) Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1028. You can also use CoverMyMeds to submit prior authorization requests, saving you time and often delivering real-time determinations. Visit the member's health plan website to begin using this free service.

Member Information (required)			**Provider Information (required)**		
Member Name:			Provider Name:		
Insurance ID Number:			NPI Number:	Specialty:	
Date of Birth:	Phone:		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	ZIP:	City:	State:	ZIP:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
	Directions for Use:	

Clinical Information (required)

What is the patient's diagnosis for the medication being requested?

ICD-10 Code(s): _____

What medication(s) has the patient tried and had an inadequate response to? (Please specify ALL medication[s]/strengths tried, length of trial and reason for discontinuation of each medication.)

What medication(s) does the patient have a contraindication or intolerance to? (Please specify ALL medication[s] with the associated contraindication or specific issues resulting in intolerance to each medication.)

Are there any supporting labs or test results? (Please specify.)

Quantity Limit Requests:

What is the quantity requested per day? _____

What is the reason for exceeding the plan limitations?

- ☐ Plan limitations are exceeded for titration or loading dose purposes.
- ☐ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime).
- ☐ Requested strength/dose is not commercially available.
- ☐ Patient requires a greater quantity for the treatment of a larger surface area (topical applications only).
- ☐ Other: _____

Information on this form is accurate as of this date:

Prescriber's Signature:	**Date:**

This document — and others if attached — contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. The information in this document is for the sole use of BlueCross BlueShield of South Carolina. Proper consent to disclose PHI between these parties has been acquired. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.** BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association. CoverMyMeds is an independent company that processes prior authorization requests on behalf of BlueCross BlueShield of South Carolina.

South Carolina

Prior Authorization (Pharmacy Benefit) Request Form (Page 2 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: **This request may be denied unless all required information is received**.
For more information about the prior authorization process, please contact us at 855-540-5951 Monday –Friday from 8:30 a.m. – 5 p.m. Eastern time.

This document — and others if attached — contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. The information in this document is for the sole use of BlueCross BlueShield of South Carolina. Proper consent to disclose PHI between these parties has been acquired. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.** BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association. CoverMyMeds is an independent company that processes prior authorization requests on behalf of BlueCross BlueShield of South Carolina.