



Federal Employee Program.

APRETUDE PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

Apretude

(cabotegravir extended-release injectable suspension)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety for processing**

Is this request for brand or generic? ☐ Brand ☐ Generic

1. Is Apretude being used for pre-exposure prophylaxis (PrEP) of HIV-1 infection? ☐ Yes ☐ No*

*If NO, please specify: _____

2. What is the patient's weight? _____ kg **OR** _____ lbs

3. Does the prescriber agree to confirm the patient is HIV-1 infection status negative before each injection? ☐ Yes ☐ No

4. Does the prescriber agree to transition patient to a complete HIV-1 treatment regimen if the patient acquires HIV-1 infection during treatment with Apretude? ☐ Yes ☐ No

5. Does the prescriber agree to monitor for hypersensitivity reactions? ☐ Yes ☐ No

6. Has the prescriber counseled the patient regarding the required injection dosing schedule and the importance of adherence to scheduled dosing visits? ☐ Yes ☐ No

7. Is the patient at risk for sexually acquired HIV-1 infection? ☐ Yes ☐ No

8. Has the patient's HIV-1 infection status been confirmed negative using a test cleared by the FDA for the diagnosis of acute or primary HIV-1 infection? ☐ Yes ☐ No

9. Will Apretude be administered by a healthcare professional? ☐ Yes ☐ No



**BlueCross
BlueShield**

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA)</p> <p>Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone</p> <p>(4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax</p> <p>(3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

faster...

easier...

better...

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

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