



BlueCross
BlueShield

BLUJEPa

Federal Employee Program. **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						

Blujepa (gepotidacin)

****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. What is the patient's diagnosis?

Uncomplicated urinary tract infection (uUTI)

a. Is the patient assigned female at birth? Yes No

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

c. Is the patient's uncomplicated urinary tract infection caused by Escherichia coli, Klebsiella pneumoniae, Citrobacter freundii complex, Staphylococcus saprophyticus, or Enterococcus faecalis? Yes No

d. Is the patient's uncomplicated urinary tract infection caused by or strongly suspected to be caused by susceptible bacteria based on culture and susceptibility, local epidemiology, or susceptibility patterns? Yes No

e. Will the patient need more than 20 tablets for a 30 day supply? Yes* No

**If YES, please specify the requested quantity: _____ tablets per 30 days*

Uncomplicated urogenital gonorrhea

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

b. Does the patient have limited or no alternative treatment options? Yes No

c. Is the patient's uncomplicated urogenital gonorrhea caused by Neisseria gonorrhoeae? Yes No

d. Is the patient's uncomplicated urogenital gonorrhea caused by or strongly suspected to be caused by susceptible bacteria based on culture and susceptibility, local epidemiology, or susceptibility patterns? Yes No

e. Will the patient need more than 8 tablets for a 30 day supply? Yes* No

**If YES, please specify the requested quantity: _____ tablets per 30 days*