



BlueCross  
BlueShield

### BRINSUPRI

### 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:
Patient ID:		R		Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

### Brinsupri (brensocatib)

\*Check [www.fepblue.org/formulary](http://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

Will the patient need more than 25mg per day?  Yes\*  No

\*If YES, please specify the requested milligrams: \_\_\_\_\_ milligrams per day

- Does the patient have a diagnosis of non-cystic fibrosis bronchiectasis (NCFB)?  Yes  No
- Will the patient be advised to perform routine dental hygiene and schedule regular dental checkups?  Yes  No
- Will Brinsupri be given concurrently with live attenuated vaccines?  Yes  No
- Has the patient been on this medication continuously for the last **6 months** excluding samples? **Please select answer below:**
  - NO** – this is **INITIATION** of therapy, please answer the following questions:
    - Has the diagnosis been confirmed by chest computed tomography?  Yes  No
    - Has the patient had at least 2 documented pulmonary exacerbations in the past 12 months that required the use of antibiotics?  Yes  No
  - YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:
    - Has the patient had clinical benefit from Brinsupri therapy (e.g., decrease in exacerbations, increase in FEV1)?  Yes  No