



**BlueCross
BlueShield**

Federal Employee Program

**EVEKEO / EVEKEO ODT
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						

Evekeo / Evekeo ODT
(amphetamine sulfate)

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

Please select the strength(s) and indicate the quantity being prescribed for each per day:

<input type="checkbox"/> 5mg	qty _____	tablet(s) per day	<input type="checkbox"/> ODT 10mg	qty _____	tablet(s) per day
<input type="checkbox"/> 10mg	qty _____	tablet(s) per day	<input type="checkbox"/> ODT 15mg	qty _____	tablet(s) per day
<input type="checkbox"/> ODT 5mg	qty _____	tablet(s) per day	<input type="checkbox"/> ODT 20mg	qty _____	tablet(s) per day

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

*****Non-covered branded medications must go through prior authorization and the formulary exception process**

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

What is the patient's total daily dose (mg/day) of Evekeo? _____ mg/day

1. What is the patient's diagnosis?

☐ Attention Deficit Disorder (ADD)

☐ Attention Deficit Hyperactivity Disorder (ADHD)

☐ Depressive disorder

a. Will Evekeo be used in combination with antidepressants? ☐ Yes ☐ No*

***If NO**, does the patient have an intolerance or contraindication or have they had an inadequate treatment response to antidepressants? ☐ Yes ☐ No

☐ Narcolepsy

☐ Other diagnosis (*please specify*): _____

2. Will Evekeo be used in combination with Adderall, Dexedrine, dextroamphetamine, Procentra, or Zenzedi? ☐ Yes* ☐ No

***If YES**, please select the drug and specify the quantity needed **PER DAY** for each strength:

☐ Adderall (*please specify*): _____

☐ Dexedrine Spansule (*please specify*): _____

☐ Dextroamphetamine (*please specify*): _____

☐ Procentra oral solution (*please specify*): _____

☐ Zenzedi (*please specify*): _____

☐ Other combination (*please specify*): _____



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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.</p> <p>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!

CVS/caremark

