



Federal Employee Program.

GABAPENTIN 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						

Plan required dose optimization i.e., utilizing the highest strengths to achieve the dose to minimize dosing errors and improve compliance such as 2x300mg tid should be changed to 1x600mg tid

Gabapentin

(Gralise, Horizant, Neurontin)

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

Select Strength:	Dosing Directions:	Requested Quantity per 90 days
<input type="checkbox"/> Gabapentin 100 mg		qty _____ per 90 days
<input type="checkbox"/> Gabapentin 300 mg		qty _____ per 90 days
<input type="checkbox"/> Gabapentin 400mg		qty _____ per 90 days
<input type="checkbox"/> Gabapentin 600 mg		qty _____ per 90 days
<input type="checkbox"/> Gabapentin 800 mg		qty _____ per 90 days
<input type="checkbox"/> Gabapentin solution 50mg/ml		qty _____ per 90 days
<input type="checkbox"/> Gralise 300 mg		qty _____ per 90 days
<input type="checkbox"/> Gralise 450 mg		qty _____ per 90 days
<input type="checkbox"/> Gralise 600 mg		qty _____ per 90 days
<input type="checkbox"/> Gralise 750 mg		qty _____ per 90 days
<input type="checkbox"/> Gralise 900 mg		qty _____ per 90 days
<input type="checkbox"/> Horizant 600 mg		qty _____ per 90 days
<input type="checkbox"/> Horizant 300 mg		qty _____ per 90 days

*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 per day)? _____ mg/day

1. Is this a change in dose? ☐ Yes, a change in dose ☐ No

2. What is the patient's diagnosis?

☐ Neuropathic pain

☐ Partial onset seizures

a. Will this medication be used in combination with other first line anti-epileptic medications? ☐ Yes ☐ No

☐ Post-Herpetic Neuralgia (PHN)

☐ Restless Legs Syndrome (RLS)

☐ Other diagnosis (please specify): _____

3. Will this medication be used in combination with Lyrica (pregabalin)? ☐ 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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