



Federal Employee Program.

**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**

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:	<div style="border: 1px solid black; padding: 2px;"> <div style="float: left; width: 20px; text-align: center; font-weight: bold;">R</div> <div style="float: right; width: 100px; text-align: center;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div>			Physician Signature:			
<b>PHYSICIAN COMPLETES</b>							

\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit.

1. Is the requested dose commercially available? ☐ Yes ☐ No
2. Which dosage form will the Gabapentin powder be compounded into? ***Please select dosage form below:***
  - ☐ Capsule
  - ☐ Suspension
  - ☐ Tablet
  - ☐ Other dosage form (***please specify***): \_\_\_\_\_
3. Does the requested dosage unit exceed the FDA-approved dose of 800mg/unit (***please specify***)? \_\_\_\_\_ mg/unit
4. What is the patient's diagnosis?
  - ☐ Partial seizure epilepsy
    - a. Will this be used as adjunctive therapy? ☐ Yes ☐ No
    - b. **12 Years of Age or Older:** Does the patient have a diagnosis of partial seizure epilepsy with or without secondary generalization? ☐ Yes ☐ No
  - ☐ Postherpetic neuralgia
  - ☐ Restless Leg Syndrome (RLS)
  - ☐ Other diagnosis (***please specify***): \_\_\_\_\_



**BlueCross  
BlueShield**

Federal Employee Program.

**GABAPENTIN POWDER  
PRIOR APPROVAL REQUEST**

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Fax: **1-877-378-4727**

Message:

Attached is a Prior Authorization request form.

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

<b>Electronically Online (ePA)</b> <b>Results in 2-3 minutes FASTEST AND EASIEST</b>	Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. 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 <b>Caremark.com/ePA</b> .
<b>Phone</b> <b>(4-5 minutes for response)</b>	The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> 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. The process over the phone takes on average between 4 and 5 minutes.
<b>Fax</b> <b>(3-5 days for response)</b>	Fax the attached form to <b>(877)-378-4727</b> . 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. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b>

<b>faster... easier... better...</b>	Introducing ePA! Online Prior Authorizations in minutes through <b>Caremark.com/ePA</b> . Sign up today!
	<b>CVS/caremark</b> 