



Federal Employee Program. **ISTURISA** **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:	<b>R</b> <input type="text"/>			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

**Isturisa (osilodrostat)**

**\*\*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

1. Does the patient have a diagnosis of endogenous hypercortisolemia in Cushing's syndrome? ☐ Yes ☐ No
2. Does the prescriber agree to monitor for QTc prolongation?
3. Does the prescriber agree to monitor the patient's cortisol levels? ☐ Yes ☐ No
4. Does the prescriber agree to monitor for hepatic impairment? ☐ Yes ☐ No
5. Has the patient been on this medication continuously for the last **6 months** excluding samples? ☐ Yes ☐ No\*

**\*If NO**, please answer the following questions:

a. Is the patient a candidate for pituitary surgery? ☐ Yes\* ☐ No

**\*If YES**, has the patient received pituitary surgery? ☐ Yes\* ☐ No

**\*If YES**, was the pituitary surgery curative? ☐ Yes ☐ No

b. If indicated, will the patient's hypokalemia and hypomagnesemia be corrected prior to initiating therapy? ☐ Yes ☐ No

c. Will a baseline electrocardiogram (ECG) be obtained? ☐ Yes ☐ No