



**BlueCross
BlueShield**

Federal Employee Program

ANESTHETIC POWDERS 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: ☐ Male ☐ Female		Office Phone:		Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:		State:	Zip:
Patient ID: R				Physician Signature:			
PHYSICIAN COMPLETES							

Anesthetic Powders

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

Please select powder:	☐ Lidocaine powder	☐ Prilocaine powder
------------------------------	--	---

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

1. Which dosage form will the powder be compounded into? ***Please select dosage form below:***
☐ Topical (cream/gel/ointment/patch/solution) ☐ Other dosage form (*please specify*): _____

2. What is the patient's diagnosis?
☐ Neuropathic pain
☐ Pain
☐ Other diagnosis (*please specify*): _____

3. Is the patient being treated for acute neuropathic pain? ☐ Yes ☐ No

4. Is the requested dose commercially available? ☐ Yes ☐ No

5. Does the requested dose/strength exceed the maximum FDA-approved dose/strength for the requested ingredient? ☐ Yes ☐ No

6. What is the final dose/strength being requested (*please specify*)? _____



**BlueCross
BlueShield**

Federal Employee Program.

**ANESTHETIC POWDERS
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**

Message:

Attached is a Prior Authorization request form.

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

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	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. 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 .
Phone (4-5 minutes for response)	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. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	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. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

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