



**BlueCross
BlueShield**

Federal Employee Program

**NUPLAZID
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 <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Nuplazid (pimavanserin)

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

Please select strength:	<input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> 34 mg capsule
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****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

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

1. Will the patient need more than 90 capsules/tablets every 90 days? ☐ Yes* ☐ No

***If YES**, please specify the requested quantity: _____ capsules/tablets per 90 days

2. Does the patient have a diagnosis of hallucinations and/or delusions associated with Parkinson's disease psychosis? ☐ Yes ☐ No

3. Is Nuplazid being used to treat psychiatric symptoms attributed to Alzheimer's disease, schizophrenia, schizoaffective disorder, or delusional disorder? ☐ Yes ☐ No

4. Will Nuplazid be used in combination with another Parkinson's disease medication? ☐ Yes ☐ No

5. Has the patient been on Nuplazid continuously for the last **4 months**, excluding samples? **Please select answer below:**

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Does the prescriber agree to monitor for QTc prolongation? ☐ Yes ☐ No

b. Is there presence of hallucinations or delusions (which may include illusions or a false sense of presence) on a recurrent or continuous basis for at least one month? ☐ Yes ☐ No

c. Has the prescribing physician attempted to adjust Parkinson's disease medications in order to reduce psychosis without worsening motor symptoms prior to requesting Nuplazid? ☐ Yes ☐ No

d. Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to quetiapine? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. Has the patient been assessed since the last prior authorization (PA) and has improvement in the frequency/severity of symptoms in comparison to baseline? ☐ Yes ☐ No

b. Does the prescriber agree to continue to monitor for QTc prolongation? ☐ Yes ☐ No



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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!

CVS/caremark 