



**BlueCross  
BlueShield**

Federal Employee Program

## ANABOLIC STEROIDS 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:	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <b>R</b> </div>			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

### Anabolic Steroids

\*\*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. Please select medication and answer the following questions:

☐ **Anadrol-50 (oxymetholone)**

a. Does the patient have \*anemia due to deficient red-cell production? ☐ Yes ☐ No

*\*Anemia due to deficient red-cell production includes: acquired aplastic anemia, congenital aplastic anemia, myelofibrosis, or the hypoplastic anemias due to the administration of myelotoxic drugs*

b. Does the prescriber agree to monitor for peliosis hepatitis, liver cell tumors, and blood lipid changes? ☐ Yes ☐ No

☐ **Oxandrin (oxandrolone)**

a. Will Oxandrin be used for any of the following? ***Please select answer below:***

☐ To promote weight gain after a weight loss due to chronic infections, extensive surgery, or severe trauma

☐ To offset the protein catabolism associated with prolonged administration of corticosteroids

☐ To treat bone pain with accompanying osteoporosis

☐ Other use (*please specify*): \_\_\_\_\_

b. Will Oxandrin be used as adjunctive therapy? ☐ Yes ☐ No

c. Does the prescriber agree to monitor for peliosis hepatitis, liver cell tumors, and blood lipid changes? ☐ 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:

<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>

**faster...**  
**easier...**  
**better...**

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

**CVS/caremark** 