BlueCross BlueShield
Federal Employee Program

PALSONIFY
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							

Palsonify (paltusotine)

****Check 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

Will the patient need more than 120 milligrams per day? ❑Yes* ❑No
If YES, please specify the requested quantity: _____ milligrams per day.

1.Does the patient have a diagnosis of acromegaly? ❑Yes ❑No

2. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***

❑**NO** – this is **INITIATION** of therapy, please answer the following question:

i. Has the patient had an inadequate treatment response to surgery or is the patient NOT a candidate for surgery? ❑Yes ❑No

❑**YES** – this is a PA renewal for **CONTINUATION** of therapy

3. Does the prescriber agree to monitor IGF-1 levels? ❑Yes ❑No

4. Does the prescriber agree to monitor blood glucose? ❑Yes ❑No

5. Does the prescriber agree to monitor thyroid function? ❑Yes ❑No

6. Does the prescriber agree to monitor electrocardiogram (ECG)? ❑Yes ❑No

7. Does the prescriber agree to monitor vitamin B_{12} levels? ❑Yes ❑No

8. Does the prescriber agree to monitor signs or symptoms of cholelithiasis (gallstones) or associated complications? ❑Yes ❑No