



**BlueCross
BlueShield**

Federal Employee Program

QELBREE

PRIOR APPROVAL REQUEST

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.

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

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						

Qelbree

(viloxazine extended-release capsules)

****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

What is the patient's total daily dose (mg per day) of Qelbree? _____ mg per day

1. What is the patient's diagnosis?

☐ Attention Deficit Hyperactivity Disorder (ADHD)

☐ Other diagnosis (*please specify*): _____

2. Has the patient been on Qelbree continuously for the last **6 months, excluding samples**? ☐ Yes ☐ No*

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

a. Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to guanfacine extended-release? ☐ Yes ☐ No

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

c. Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to clonidine extended-release? ☐ Yes ☐ No

3. Does the prescriber agree to monitor the patient for clinical worsening or for emergence of suicidal thoughts and behaviors? ☐ Yes ☐ No

4. Does the prescriber agree to monitor heart rate, blood pressure, and cardiac risk factors every three months during therapy and agrees to discontinue therapy if there is a clinical contraindication? ☐ Yes ☐ No

5. Is the patient currently taking a MAOI (monoamine oxidase inhibitor) (e.g., Marplan (isocarboxazid), rasagiline, Emsam/Eldepryl/Zelapar (selegiline))? ☐ Yes ☐ No*

***If NO**, has the patient been on a MAOI in the past 14 days? ☐ Yes ☐ No

6. Is the patient currently taking sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range (e.g., alosetron, duloxetine, theophylline)? ☐ 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:

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