



**BlueCross
BlueShield**

Federal Employee Program

CYCLOSPORINE OPHTHALMICS

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						

Cyclosporine Ophthalmics

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

Please select dosage form and indicate quantity:

Restasis (cyclosporine ophthalmic emulsion) <input type="checkbox"/> 0.05% single use vials qty _____ per 90 days <input type="checkbox"/> 0.05% multidose bottles qty _____ per 84 days	Cequa (cyclosporine ophthalmic solution) <input type="checkbox"/> 0.09% single use vials qty _____ per 90 days	Vevye (cyclosporine ophthalmic solution) <input type="checkbox"/> multidose bottles qty _____ per 90 days
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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

- Does the patient have a diagnosis of decreased tear production or chronic dry eye also known as keratoconjunctivitis sicca (KCS)? ☐ Yes ☐ No
- Will this medication be used in combination with another *cyclosporine ophthalmic medication? ☐ Yes* ☐ No
 *If YES, please specify medication: _____
 *Cyclosporine Ophthalmic Medications: Cequa (cyclosporine), Restasis (cyclosporine), Vevye (cyclosporine), Verkazia (cyclosporine)
- Will this medication be used in combination with another *legend ophthalmic medication for the treatment of dry eyes? ☐ Yes* ☐ No
 *If YES, please specify medication: _____
 *Legend Ophthalmic Medications: Cequa (cyclosporine), Eysuvis (loteprednol), Miebo (perfluorohexyloctane), Restasis (cyclosporine), Tyrvaya (varenicline), Vevye (cyclosporine), Xiidra (lifitegrast)
- 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 questions:
 - Does the patient have ocular inflammation associated with keratoconjunctivitis sicca? ☐ Yes ☐ No
 - Will this medication be used concurrently with other *anti-inflammatory ophthalmic medication(s)? ☐ Yes* ☐ No
 *If YES, will the patient discontinue the use of the *anti-inflammatory agent(s) within 2 to 4 weeks while transitioning to monotherapy with this medication? ☐ Yes ☐ No
 *Anti-Inflammatory Ophthalmic Medications: Acular (ketorolac tromethamine), Acuvail (ketorolac), Alrex (loteprednol), Bromday (bromfenac), Dexasol (dexamethasone), FML (fluoromethalone), Ilevro (nepafenac), Nevanac (nepafenac), Ocufen (flubriprofen sodium), Pred Forte (prednisolone), Prolensa (bromfenac), Voltaren (diclofenac sodium), Xibrom (bromfenac)☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:
 - Has the patient had an improvement in symptoms? ☐ Yes ☐ No
 - Will this medication be used concurrently with other *anti-inflammatory ophthalmic medication(s)? ☐ Yes ☐ No
 *Anti-Inflammatory Ophthalmic Medications: Acular (ketorolac tromethamine), Acuvail (ketorolac), Alrex (loteprednol), Bromday (bromfenac), Dexasol (dexamethasone), FML (fluoromethalone), Ilevro (nepafenac), Nevanac (nepafenac), Ocufen (flubriprofen sodium), Pred Forte (prednisolone), Prolensa (bromfenac), Voltaren (diclofenac sodium), Xibrom (bromfenac)

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. **Prescriber Certification:** I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer.



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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) 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 (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 (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.</p> <p>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!

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