



**BlueCross
BlueShield**

Federal Employee Program.

SEROSTIM 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 cardholder 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 				Physician Signature:			
PHYSICIAN COMPLETES							

Serostim (somatropin)

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

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

1. What is the diagnosis for which the Serostim is being prescribed?

- ☐ HIV wasting
- ☐ HIV cachexia
- ☐ Other diagnosis (*please specify*): _____

2. Is the patient taking concomitant anti-retroviral therapy? ☐ Yes ☐ No

3. Does the patient have an acute critical illness due to complications following open heart or abdominal surgery, multiple accident trauma or acute respiratory failure? ☐ Yes ☐ No

4. Does the patient have an active malignancy? ☐ Yes ☐ No

5. Does the patient have an active proliferative or severe non-proliferative diabetic retinopathy? ☐ Yes ☐ No

6. Will Serostim be used in combination with another somatropin agent? ☐ 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 info 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 PA 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 