

1. What is the patient's diagnosis?

Cysts (eruptive vellus hair cyst, cystic acne)

Other diagnosis (please specify):_

generic acne antibiotic? □Yes* □No

topical generic acne retinoid? □Yes □No

□ Acne vulgaris□ Comedones

Papules

Pustules

BlueShield. WINLEVI
Federal Employee Program. 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

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

How many grams (gm) will the patient need for a 90 day supply? _____ gm per 90 days

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

*If NO, does the patient have an intolerance or contraindication or have they had an inadequate treatment response to a topical

*If YES, does the patient have an intolerance or contraindication or have they had an inadequate treatment response to a

the physician portion and si	ubmit this com	npleted form					Fax:	<u>1-077-370-4727</u>
Patient Information (required)					Provider Information (required)			
Date:					Provider Name:			
Patient Name:					Specialty:		NPI:	
Date of Birth:			Sex: \square Mal	le Female	Office Phone:		Office Fax:	
Street Address:					Office Street Add	lress:	1	
City:			State:	Zip:	City:	State	::	Zip:
Patient ID: R	1	1 1	1 1		Physician Signatu	ıre:		
			l l	PHYSICIAN	COMPLETES			
	*	*Check w	•	formulary to confir/	(clascoterone) m which medication is peted in its entirety for	•	enefit	
Is this request for	brand or	generic?	Brand	Generic				

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. Winlevi – FEP MD Fax Form Revised 7/9/2021



WINLEVI Federal Employee Program. 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

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. Please only fax the completed form once as duplicate submissions may delay processing times.

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

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