



Federal Employee Program.

## ALHEMO 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: <b>R</b>				Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

\*\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit

### Alhemo (concizumab-mtci)

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

- What is the patient's diagnosis?  
☐ Hemophilia A (congenital factor VIII deficiency)  
☐ Hemophilia B (congenital factor IX deficiency)  
☐ Other diagnosis, please specify.: \_\_\_\_\_
- Is this medication being used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes? ☐ Yes ☐ No
- Is the patient currently undergoing or planning to undergo immune tolerance treatment? ☐ Yes ☐ No
- 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.  
☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question.
  - Has the patient had a clinical benefit from Alhemo therapy (e.g., reduced bleeding episodes)? ☐ Yes ☐ No
- FEMALE Patient:** Is the patient of reproductive potential? ☐ Yes\* ☐ No  
**\*If YES,** will the patient be advised to use effective contraception during treatment with Alhemo and for 7 weeks after the last dose? ☐ Yes ☐ No