



**BlueCross
BlueShield**

Federal Employee Program.

**AMONDYS 45
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						

Amondys 45
(casimersen)

****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

1. What is the patient's diagnosis?

☐ Duchenne Muscular Dystrophy (DMD)

☐ Other diagnosis (*please specify*): _____

2. Does the prescriber agree to monitor for renal toxicity during treatment? ☐ Yes ☐ No

3. Will Amondys 45 be used in combination with another *exon skipping therapy for Duchenne muscular dystrophy? ☐ Yes* ☐ No

***If YES, specify the medication:** _____

***Exon Skipping Therapies: Exondys 51 (eteplirsen), Vilepso (viltolarsen), and Vyondys 53 (golodirsen)**

4. Has the patient been on Amondys 45 continuously for the last **6 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Does the patient have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping? ☐ Yes ☐ No

b. Has a baseline muscle strength score from one of the following tests been obtained or will be obtained prior to start of therapy: 6-minute walk test (6MWT), North Star ambulatory assessment (NSAA), and Motor Function Measure (MFM)? ☐ Yes ☐ No

c. Has Amondys 45 been prescribed by or in consultation with a neurologist specializing in DMD? ☐ Yes ☐ No

d. Does the prescriber agree to measure serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio prior to initiation of therapy? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

a. Has the patient had an improvement from baseline in one of the following: 6-minute walk test (6MWT), North Star ambulatory assessment (NSAA), or Motor Function Measure (MFM)? ☐ 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:

<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. 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. 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. 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></p>

**faster...
easier...
better...**

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

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