



Federal Employee Program. **DUVYZAT** **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 patient 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: <b>R</b> <input type="text"/>				Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

**Duvyzat (givinostat)**

**\*\*Check [www.fepblue.org/formulary](http://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

- Does the patient have a diagnosis of Duchenne muscular dystrophy (DMD)? ☐ Yes ☐ No
- Does the prescriber agree to monitor the patient's platelets and triglycerides? ☐ Yes ☐ No
- Does the prescriber agree to monitor for QTc prolongation as clinically indicated? ☐ Yes\* ☐ No
- Has the patient been on this medication continuously for the last **4 months** excluding samples? **Please select answer below:**
  - ☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:
    - Does the patient have a genetic confirmation of DMD? ☐ Yes ☐ No
    - Has a baseline motor milestone score been obtained from one of the following assessments: 6-minute walk test (6MWT), North Star Ambulatory Assessment (NSAA), Motor Function Measure (MFM), or 4-stair climb test (4SC)? ☐ Yes ☐ No
  - ☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:
    - Has there been stabilization or an improvement from the baseline motor milestone score from one of the following assessments: 6-minute walk test (6MWT), North Star Ambulatory Assessment (NSAA), Motor Function Measure (MFM), or 4-stair climb test (4SC)? ☐ Yes ☐ No