



FERRIPROX 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

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:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Ferriprox (deferiprone)

****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

- Does the patient have iron overload due to blood transfusions associated with thalassemia syndromes? ☐ Yes ☐ No*
***If NO**, does the patient have iron overload due to blood transfusions associated with sickle cell disease or other anemias? ☐ Yes ☐ No
- Will the patient be using Ferriprox with another *iron chelating agent? ☐ Yes* ☐ No
***If YES**, please specify the medication: _____
***Iron Chelating Agents: Exjade (deferasirox), Jadenu (deferasirox)**
- Has the patient been on Ferriprox continuously for the last **6 months, excluding samples**? **Please select answer below:**
☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:
 - Does the patient have an initial ANC level greater than or equal to 1.5×10^9 per liter? ☐ Yes* ☐ No
***If YES**, does the physician agree to monitor the ANC level weekly while on therapy and to interrupt therapy if neutropenia or signs of infection develop? ☐ Yes ☐ No
 - Has or will the patient have an initial serum ferritin level drawn prior to start of therapy? ☐ Yes* ☐ No
***If YES**, does the physician agree to monitor the serum ferritin levels every two to three months while on therapy and consider interrupting treatment if serum ferritin falls consistently below 500mcg/L? ☐ Yes ☐ No☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:
 - Has there been a documented response to treatment as shown by a decrease in the serum ferritin level? ☐ Yes ☐ No
 - Does the physician agree to continue to monitor ANC and serum ferritin levels and consider interrupting treatment if the serum ferritin falls consistently below 500mcg/L? ☐ Yes ☐ No



**BlueCross
BlueShield**

Federal Employee Program.

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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 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. <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!

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