BlueCross BlueShield Federal Employee Program

HALAVEN
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: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Halaven

(eribulin mesylate)

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

Is this request for brand or generic? ❑Brand ❑Generic

1. Does the patient have severe hepatic impairment (Child-Pugh C)? ❑Yes ❑No

2. Has the patient been on Halaven therapy continuously for the last **6 months**, excluding samples? ***Please select answer below:***

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

a. What is the patient's diagnosis?

❑Metastatic breast cancer

i. Has the patient been previously treated with at least two chemotherapy regimens including an anthracycline and taxane? ❑Yes ❑No

❑Metastatic liposarcoma

i. Has the patient been previously treated with an anthracycline-containing regimen? ❑Yes ❑No

❑Unresectable liposarcoma

i. Has the patient been previously treated with an anthracycline-containing regimen? ❑Yes ❑No

❑Other diagnosis ***(please specify):*** _____

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

a. What is the patient's diagnosis?

❑Metastatic breast cancer

❑Metastatic liposarcoma

❑Unresectable liposarcoma

❑Other diagnosis ***(please specify):*** _____

b. Has the patient experienced disease progression or unacceptable toxicity while on the requested therapy? ❑Yes ❑No