



Federal Employee Program.

# HARLIKU 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 cardholder 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:
Patient ID: <b>R</b>				Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

## Harliku (nitisinone)

\*\*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

1. Will the patient need more than 2 milligrams per day?  Yes\*  No

\*If YES, please specify the requested milligrams per day: \_\_\_\_\_ mg per day

2. Does the patient have a diagnosis of alkaptonuria (AKU)?  Yes  No

3. Will this medication be used for the reduction of urine homogentisic acid (HGA)?  Yes  No

4. 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, please answer the following questions:

a. Has the diagnosis been confirmed by biochemical testing [e.g., detection of increased levels of homogentisic acid (HGA) in urine], enzyme assay, or genetic testing?  Yes  No

b. Has this medication been prescribed by or in consultation with a geneticist, metabolic disease specialist, or rheumatologist?  Yes  No

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

a. Has the patient demonstrated a positive clinical response to therapy (e.g., decrease in urine HGA)?  Yes  No