



Federal Employee Program. **IMFINZI** **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						

Imfinzi (durvalumab)

*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

- Has the patient been on Imfinzi continuously for the last **6 months**, excluding samples? *Please select answer below:*
☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions on **PAGE 3**
☐ **NO** – this is **INITIATION** of therapy, please answer the questions below:
- Is this request for brand or generic? ☐ Brand ☐ Generic
- Does the prescriber agree to monitor for immune-mediated toxicities? ☐ Yes ☐ No
- What is the patient's diagnosis?
☐ Biliary tract cancer (BTC)
a. Does the patient have a diagnosis of locally advanced or metastatic biliary tract cancer (BTC)? ☐ Yes ☐ No
b. Will Imfinzi be used in combination with gemcitabine and cisplatin followed by Imfinzi as a single agent? ☐ Yes ☐ No
☐ Endometrial cancer
a. Does the patient have a diagnosis of primary advanced or recurrent endometrial cancer? ☐ Yes ☐ No
b. Is the patient's tumor status mismatch repair deficient (dMMR) as determined by an FDA-approved test? ☐ Yes ☐ No
c. Will Imfinzi be used in combination with carboplatin and paclitaxel followed by Imfinzi as a single agent? ☐ Yes ☐ No
☐ Hepatocellular carcinoma (uHCC)
a. Does the patient have a diagnosis of unresectable hepatocellular carcinoma (uHCC)? ☐ Yes ☐ No
b. Will Imfinzi be used in combination with tremelimumab-actl followed by Imfinzi as a single agent? ☐ Yes ☐ No
☐ Muscle invasive bladder cancer (MIBC)
a. Will Imfinzi be used in combination with gemcitabine and cisplatin as neoadjuvant treatment? ☐ Yes ☐ No
b. Will Imfinzi be used as a single agent as adjuvant treatment following radical cystectomy? ☐ Yes ☐ No
☐ Small cell lung cancer (SCLC)
a. Does the patient have a diagnosis of limited-stage small cell lung cancer (LS-SCLC)? ☐ Yes* ☐ No
*If YES, please answer the following questions:
i. Has the patient had disease progression following concurrent platinum-based chemotherapy and radiation therapy? ☐ Yes ☐ No
iv. Will Imfinzi be used as a single agent? ☐ Yes ☐ No
b. Does the patient have a diagnosis of extensive-stage small cell lung cancer (ES-SCLC)? ☐ Yes* ☐ No
*If YES, will Imfinzi be used in combination with etoposide and either carboplatin or cisplatin as first-line treatment followed by Imfinzi as a single agent? ☐ Yes ☐ No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

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PAGE 2 - PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

☐ Non-small cell lung cancer (NSCLC)

a. Does the patient have resectable, unresectable, or metastatic non-small cell lung cancer (NSCLC)? ☐ Yes* ☐ No

**IF YES, please select answer below:*

☐ **Resectable:** Please answer the following questions:

- i. Does the patient have known EGFR mutations or ALK rearrangements? ☐ Yes ☐ No
- ii. Is the patient's tumors greater than or equal to 4 centimeters and/or node positive? ☐ Yes ☐ No
- iii. Will Imfinzi be used in combination with platinum-containing chemotherapy as neoadjuvant treatment? ☐ Yes ☐ No
- iv. Will Imfinzi be used as a single agent as adjuvant treatment after surgery? ☐ Yes ☐ No

☐ **Unresectable:** Please answer the following questions:

- i. Does the patient have unresectable stage III non-small cell lung cancer (NSCLC)? ☐ Yes ☐ No
- ii. Has the patient had disease progression following concurrent platinum-based chemotherapy and radiation therapy? ☐ Yes ☐ No
- iv. Will Imfinzi be used as a single agent? ☐ Yes ☐ No

☐ **Metastatic:** Please answer the following questions:

- i. Does the patient have sensitizing EGFR or ALK genomic tumor aberrations? ☐ Yes ☐ No
- ii. Will Imfinzi be used in combination with tremelimumab-actl and platinum-based chemotherapy? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

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CONTINUATION OF THERAPY (PA RENEWAL)

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