



**BlueCross  
BlueShield**

Federal Employee Program. **PRIOR APPROVAL REQUEST**

**KESIMPTA**

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:	<div style="border: 1px solid black; padding: 2px;"> <b>R</b> </div>			Physician Signature:		

**PHYSICIAN COMPLETES**

**Kesimpta (ofatumumab)**

**\*\*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. What is the patient's diagnosis?

- ☐ Active secondary progressive multiple sclerosis (SPMS)  
☐ Clinically isolated syndrome (CIS)  
☐ Relapsing-remitting multiple sclerosis (RRMS)  
☐ Relapsing multiple sclerosis (MS)  
☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Does the patient have any active infections? ☐ Yes ☐ No

3. Will the patient be given live vaccines or live-attenuated vaccines while on Kesimpta? ☐ Yes ☐ No

4. Will Kesimpta be used in combination with other disease-modifying medications for multiple sclerosis? ☐ Yes\* ☐ No

*\*If YES, please specify the medication:* \_\_\_\_\_

5. Will Kesimpta be used in combination with other immune-modulating or immunosuppressive therapies, including immunosuppressant doses of corticosteroids? ☐ Yes\* ☐ No

*\*If YES, please specify the medication:* \_\_\_\_\_

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

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

a. Is the patient at risk for hepatitis B virus (HBV) infection? ☐ Yes\* ☐ No

*\*If YES, has HBV infection been ruled out or has the patient already started treatment for HBV infection?* ☐ Yes ☐ No

b. Does the prescriber agree to monitor immunoglobulins at the beginning, during, and after discontinuation of therapy? ☐ Yes ☐ No

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

a. Does the prescriber agree to monitor immunoglobulins during and after discontinuation of therapy? ☐ Yes ☐ No



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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:

<b>Electronically Online</b> (ePA) Results in 2-3 minutes <b>FASTEST AND EASIEST</b>	Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> 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 <b>Caremark.com/ePA</b> .
<b>Phone</b> (4-5 minutes for response)	The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> 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.
<b>Fax</b> (3-5 days for response)	Fax the attached form to <b>(877)-378-4727</b> . 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. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b>

**faster...**  
**easier...**  
**better...**

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

**CVS/caremark** 