BlueCross BlueShield Federal Employee Program.

ONIVYDE
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					

Onivyde

(irinotecan liposome injection)

****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

1. Does the patient have a diagnosis of metastatic pancreatic adenocarcinoma? ❑Yes ❑No
2. Will complete blood counts be evaluated at Day 1 and Day 8 of each cycle? ❑Yes ❑No
3. Does the prescriber agree to withhold Onivyde if patient experiences diarrhea Grade 2-4 severity? ❑Yes ❑No
4. Does the prescriber agree to monitor the patient's neutrophil count before each dose? ❑Yes ❑No
5. Does the patient have a bowel obstruction? ❑Yes ❑No
6. Does the patient have a diagnosis of clinically significant (symptomatic or debilitating) interstitial lung disease (ILD)? ❑Yes ❑No
7. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   If YES, will the patient be advised to use effective contraception during treatment with Onivyde and for 7 months after the last dose? ❑Yes ❑No
8. Is this request for **INITIATION** or **CONTINUATION** of therapy? ***Please select answer below:***
   ❑**INITIATION** of therapy, please answer the following questions:
   a. Will this medication be used as first-line treatment? ❑Yes***** ❑No
      If YES, will this medication be used in combination with oxaliplatin, fluorouracil, and leucovorin? ❑Yes ❑No
   b. Has the patient experienced disease progression following gemcitabine-based therapy? ❑Yes***** ❑No
      If YES, will this medication be used in combination with fluorouracil and leucovorin? ❑Yes ❑No
   c. Is the patient's absolute neutrophil count (ANC) greater than or equal to 1500/mm^3? ❑Yes ❑No
   ❑**CONTINUATION (PA renewal)** of therapy, please answer the following questions:
   a. Has the patient experienced disease progression or unacceptable toxicity while on the requested therapy? ❑Yes ❑No
   b. Will this medication be used in combination with fluorouracil and leucovorin? ❑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:

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. ***Please only fax the completed form once as duplicate submissions may delay processing times.***