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

PEMAZYRE 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.

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

Pemazyre (pemigatinib)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

<u>**NOTE**: Form must be completed in its **entirety** for processing</u>

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

How many tablets will the patient need for an 84 day supply? __________ tablet(s) per 84 days

1. Has the patient been on Pemazyre continuously for the last **6 months**, <u>excluding samples</u>? ***Please select answer below:***

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

a. What is the patient's diagnosis?

❑Refractory Myeloid/Lymphoid Neoplasms (MLNs) **<u>OR</u>** ❑Relapsed Myeloid/Lymphoid Neoplasms (MLNs)

i. Does the patient have fibroblast growth factor receptor 1 (FGFR1) rearrangement? ❑Yes ❑No

❑Unresectable locally advanced cholangiocarcinoma **<u>OR</u>** ❑Unresectable metastatic cholangiocarcinoma

i. Does the patient have fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, as detected by an FDA-approved test? ❑Yes ❑No

ii. Has the patient had at least one prior therapy? ❑Yes ❑No

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

b. Has a baseline ophthalmological examination been done? ❑Yes ❑No

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

a. What is the patient's diagnosis?

❑Refractory Myeloid/Lymphoid Neoplasms (MLNs)
❑Relapsed Myeloid/Lymphoid Neoplasms (MLNs)
❑Unresectable locally advanced cholangiocarcinoma
❑Unresectable metastatic cholangiocarcinoma
❑Other diagnosis ***(please specify)***: ____

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

2. Will the patient be monitored for retinal pigment epithelial detachment (RPED)? ❑Yes ❑No

3. Will the patient be monitored for hyperphosphatemia and initiated on a low phosphate diet or phosphate lowering therapy, as clinically indicated? ❑Yes ❑No

4. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes* ❑No

***If YES**, will the patient be advised to use effective contraception during treatment with Pemazyre and for one week after the last dose? ❑Yes ❑No

5. **MALE Patient**: Does the patient have a female partner of reproductive potential? ❑Yes* ❑No

***If YES**, will the patient be advised to use effective contraception during treatment with Pemazyre and for one week after the last dose? ❑Yes ❑No

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. **Prescriber Certification:** I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. Pemazyre – FEP MD Fax Form Revised 9/23/2022

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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.***

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. **Prescriber Certification:** I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. Pemazyre – FEP MD Fax Form Revised 9/23/2022