



**BlueCross  
BlueShield**

Federal Employee Program.

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

**Viltepso (viltolarsen)**

**\*\*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?

☐ Duchenne Muscular Dystrophy (DMD)

☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Does the prescriber agree to monitor serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio for signs of kidney toxicity? ☐ Yes ☐ No

3. Will Viltepso be used in combination with another \*exon skipping therapy for Duchenne muscular dystrophy? ☐ Yes\* ☐ No

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

*\*Exon Skipping Therapies: Amondys 45 (casimersen), Exondys 51 (eteplirsen), Vyondys 53 (golodirsen)*

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

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

a. Does the patient have a confirmed mutation of the DMD gene that is amendable to exon 53 skipping? ☐ Yes ☐ No

b. Has Viltepso been prescribed by or in consultation with a neurologist specializing in DMD? ☐ Yes ☐ No

c. Has a baseline muscle strength score been obtained, or will be obtained prior to the start of therapy, using one of the following: 6-minute walk test (6MWT), North Star Ambulatory Assessment (NSAA), or Motor Function Measure (MFM)? ☐ Yes ☐ No

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

a. Has the patient had an improvement from baseline from one of the following: 6-minute walk test (6MWT), North Star Ambulatory Assessment (NSAA), or Motor Function Measure (MFM)? ☐ 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:

<p><b>Electronically Online (ePA)</b></p> <p><b>Results in 2-3 minutes FASTEST AND EASIEST</b></p>	<p>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.</p> <p>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>.</p>
<p><b>Phone</b></p> <p><b>(4-5 minutes for response)</b></p>	<p>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.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p><b>Fax</b></p> <p><b>(3-5 days for response)</b></p>	<p>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.</p> <p><b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b></p>

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

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

**CVS/caremark**

