



Federal Employee Program.

ZYCUBO
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											

Zycubo (copper histidine)

****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 Menkes disease? ☐ Yes ☐ No

2. Has the patient been on this medication 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 prescriber agree to monitor the patient's serum copper and ceruloplasmin levels, serum electrolytes, kidney and liver function, and complete blood count (CBC) at baseline and as clinically indicated? ☐ Yes ☐ No
- b. Is this medication being prescribed by or in consultation with a gastroenterologist, neurologist, geneticist, or specialist in the treatment of Menkes disease? ☐ Yes ☐ No
- c. Does the patient have a variant in the ATP7A gene? ☐ Yes ☐ No
- d. Does the patient have pretreatment serum copper levels less than 75 micrograms per deciliter (mcg/dL)? ☐ Yes ☐ No

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

- a. Does the prescriber agree to monitor the patient's serum copper and ceruloplasmin levels, serum electrolytes, kidney and liver function, and complete blood count (CBC) as clinically indicated? ☐ Yes ☐ No
- b. Has the patient experienced unacceptable toxicity while on the requested therapy? ☐ Yes ☐ No