

**OPTIMA HEALTH COMMUNITY CARE  
AND  
OPTIMA FAMILY CARE  
(MEDICAID)**

**\*PHARMACY/MEDICAL PRIOR AUTHORIZATION REQUEST\***

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-348-3720**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

**Drug Requested:**     Mepsevii® (vestronidase alpha-vjbc) IV (J3590) (Medical)

**DRUG INFORMATION:** Complete all information below or authorization process will be delayed.

**Drug Form/Strength:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_     **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_     **ICD Code, if applicable:** \_\_\_\_\_

**\*\*If approved, the MAXIMUM dose allowed is 4mg/kg to be administered every other week. Continued approval is based on patient maintaining sustained improved walk time above baseline walk time and evidence of clinical improvement. Yearly reauthorization is required.\*\***

**CLINICAL CRITERIA:** All boxes **MUST** be checked to ensure authorization process will **NOT** be delayed.

**For Initial 12 Month Approval - All of the following criteria must be met:**

- Prescriber must be a metabolic geneticist or endocrinologist
- The patient must be aged 5 months to 25 years
- The patient must have a diagnosis of mucopolysaccharidosis type VII (MPS VII or Sly syndrome) as verified by genetic testing or leukocyte or fibroblast glucuronidase enzyme assay (**labs confirming diagnosis must be submitted**)
- Patient's current height (**please note**): \_\_\_\_\_ Patient's current weight (**please note**): \_\_\_\_\_
- Current FVC (**please submit labs**): \_\_\_\_\_
- Patient's current normalized urine glycosaminoglycan levels (**please submit labs**): \_\_\_\_\_
- Baseline 6 minute walk time is attached (**please attach current baseline 6 minute walk time with date noted**)
- Chart notes must be attached to document symptoms, prior medical procedures and/or prior therapies used in the treatment of MPS VII (**please attach chart notes**)

**For Continued 12 Month Approval - All of the following criteria must be met:**

- Current 6 minute walk time is attached (**please attach current 6 minute walk time with date noted**)
- The patient's 6 minute walk time must document sustained improvement from baseline
- Patient's current height (**please note**): \_\_\_\_\_ Patient's current weight (**please note**): \_\_\_\_\_

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- Current FVC (**please submit labs**): \_\_\_\_\_
- Patient's current normalized urine glycosaminoglycan levels must have decreased from baseline (**please submit labs**): \_\_\_\_\_
- Chart notes must be attached to document current disease status, any medical procedures performed since last approval of this medication, and evidence of clinical improvement from baseline (**please attach chart notes**)

**Medication being provided by** (please check applicable box(es) below):

- Location/site of drug administration:** \_\_\_\_\_  
**NPI or DEA # of administering location:** \_\_\_\_\_

**OR**

- Specialty Pharmacy - PropriumRx**

***\*Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DEA OR NPI #:** \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 3/15/2018

REVISED/UPDATED: 7/17/2018; 8/27/2018; 10/8/2018.