

# OPTIMA HEALTH COMMUNITY CARE

## \*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-vj bk) 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*): \_\_\_\_\_
- 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*)

(continued on next page)

**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