OPTIMA HEALTH PLAN

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 1-844-202-5034. 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-vjbk) **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 – Briova SpecialtyRx**

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;