

For Continued Approval: Continued approval will be based on patient maintaining sustained improved walk time above baseline walk time and evidence of clinical improvement. Continued approval is for 12 months.

- Current 6 minute walk time of one ***within the last 30 days*** is attached (*please attach current 6 minute walk time with date noted*):

AND

- Patient's 6 minute walk time has sustained improvement from baseline

AND

- Patient's current height (*please note*): _____ Patient's current weight (*please note*): _____

AND

Current FEV₁ (*please submit labs within last 30 days*): _____

Current MVV (*please submit labs within the last 30 days*): _____

AND

- Patient's current normalized urine keratan sulfate levels (*please submit labs within the last 30 days*):

AND

- Chart notes are 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 the following:

- Location/site of 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: _____

Prescriber's DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 4/19/2018
REVISED/UPDATED: 7/10/2018