SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT 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 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Opfolda™ (miglustat)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

Quantity Limit: 8 capsules per 28 days

Recommended Dosing:

Opfolda 65 mg capsules	• Opfolda is administered orally every other week. The recommended dosage is based on actual body weight. For patients weighing: o ≥50 kg, the recommended dose is 260 mg (4 capsules) o ≥40 kg to <50 kg, the recommended dose is 195 mg (3 capsules) • In patients with moderate or severe renal impairment, the recommended dosage is based on actual body weight. For patients weighing: o ≥50 kg, the recommended dose is 195 mg (3 capsules) o ≥40 kg to <50 kg, the recommended dose is 130 mg (2 capsules)

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Requested medication will be used in combination with Pombiliti™ (cipaglucosidase alfa-atga)
- ❑ A prior authorization request for Pombiliti™ (cipaglucosidase alfa-atga) has been reviewed and approved under the health plan medical benefit **(prior authorization verified in JIVA)**
- ❑ The requested dose is prescribed according to FDA approved dosage and labeling

Medication being provided by Specialty Pharmacy – Proprium Rx

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.*__

***Approved by Pharmacy and Therapeutics Committee**: **1/18/2024**
REVISED/UPDATED/REFORMATTED: 2/26/2024