

SENTARA HEALTH PLANS

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:
 - ≥ 50 kg, the recommended dose is 260 mg (4 capsules)
 - ≥ 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:
 - ≥ 50 kg, the recommended dose is 195 mg (3 capsules)
 - ≥ 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™ (cipaglucoisidase alfa-atga)
- A prior authorization request for Pombiliti™ (cipaglucoisidase 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.****