

# AvMed

## 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 1-305-671-0200.** 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:** Miplyffa™ (arimoclomol)

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

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

### **Recommended Dosage:**

Patient Body Weight	Daily Dose
8 kg to 15 kg	47 mg three times a day
>15 kg to 30 kg	62 mg three times a day
>30 kg to 55 kg	93 mg three times a day
>55 kg	124 mg three times a day

**Quantity Limits:** 90 capsules (1 bottle) per 30 days, all strengths

**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.

**Initial Authorization:** 12 months

(Continued on next page)

- Member is  $\geq 2$  years of age
- Prescribed by or in consultation with a geneticist, endocrinologist, metabolic disorder subspecialist, neurologist, or a physician who specializes in the treatment of Niemann-Pick disease type C or related disorders
- Member has a confirmed diagnosis of Niemann-Pick disease type C (NPC) as established by a genetic test showing **ONE** of the following (**submit documentation**):
  - Biallelic pathogenic variants in either the NPC1 gene or NPC2 gene
  - Mutations in only one allele of NPC1 or NPC2 plus either positive filipin staining or elevated cholestane-triol level ( $>2$  times the upper limit of normal)
- Member has at least **ONE** neurological symptom(s) of Niemann-Pick disease type C (e.g., loss of motor function, swallowing, and speech and cognitive impairment) (**submit documentation**)
- Member can walk independently or with assistance
- Provider must submit a baseline assessment scale documenting current NPC neurologic symptom(s) (**submit documentation**)
- Requested medication will be taken in combination with miglustat (**verified by pharmacy paid claims**)
- Requested medication will **NOT** be used in combination with Aqneursa (levacetylleucine) for the treatment of neurological manifestations of Niemann-Pick disease type C

**Reauthorization: 12 months.** 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.

- Member continues to meet **ALL** initial authorization criteria
- Requested medication will be taken in combination with miglustat (**verified by pharmacy paid claims**)
- Member has derived benefit from treatment defined as disease stabilization, slowed progression, or improvement, according to the prescriber

**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.\****