

Specialty Medication Review Program

Inborn Errors of Metabolism (IEM)
(Self-Administration)
Rx Benefit

Complete this form and fax to:

Pharmacy Help Desk
Fax #: 1-800-956-2397
Phone #: 1-800-499-1275

If you are not **buying and billing** this medication, indicate which specialty pharmacy will be used (Pharmacy will be used (except where noted below for Limited Distribution Drugs):

☐ **Accredo Health**
Fax: 1-888-773-7386
Phone: 1-866-413-4137

Complete ALL the following Patient/Prescriber Information: (Please Print)

Patient Information	
Patient Name:	Patient Phone #: ()
Patient ID #:	Patient Birthdate:
List Patient Allergy (If Any):	
Prescriber Information	
Prescriber Name:	Prescriber Specialty:
Prescriber Address:	
Prescriber Phone #:	Prescriber Fax #:
Prescriber NPI #:	Office Contact: Extension:
Location of Infusion: <input type="checkbox"/> Prescriber office <input type="checkbox"/> Home/Homecare agency: _____ <input type="checkbox"/> Outpatient facility <input type="checkbox"/> Other: _____	
Servicing Prescriber NPI (if different from the ordering prescriber): Provide address of infusion location above for medication shipping:	

Complete the following for the product being requested: Rx Benefit					
<input type="checkbox"/> Attriby	<input type="checkbox"/> Carbaglu ONLY available at Accredo	<input type="checkbox"/> Cerdelga	<input type="checkbox"/> Cholbam ONLY available at Eversana 1-901-795-7117	<input type="checkbox"/> Ctexli	<input type="checkbox"/> Dojolvi
<input type="checkbox"/> Fabrazyme (J0180)	<input type="checkbox"/> Galafold	<input type="checkbox"/> Kuvan	<input type="checkbox"/> Javygtor	<input type="checkbox"/> Nitisinone capsule	<input type="checkbox"/> Nityr tab
<input type="checkbox"/> Olpruva	<input type="checkbox"/> Orfadin capsule <input type="checkbox"/> Orfadin suspension ONLY available at Eversana 1-901-795-7117	<input type="checkbox"/> Palynziq	<input type="checkbox"/> Ravicti	<input type="checkbox"/> Rivfloza	<input type="checkbox"/> Strensiq ONLY available at Panther Pharmacy 1-855-726-8479
<input type="checkbox"/> Sucraid ONLY available at US Bioservices 1-888-518-7246	<input type="checkbox"/> Tegsedi Only available at Accredo	<input type="checkbox"/> Vyndamax 61mg	<input type="checkbox"/> Vyndaqel 80mg	<input type="checkbox"/> Wainua Orsini 1-800-410-8575	<input type="checkbox"/> Xuriden ONLY available at Cardinal Specialty 1-888-662-6779
<input type="checkbox"/> Yargesa	<input type="checkbox"/> Zavesca/Miglustat Zavesca ONLY available at Accredo				

Medication/Medical and Dispensing Information				
Dose	Frequency	Height	Weight (lbs./kg) &	Procedure Code

1. Diagnosis/ICD-10: (*Attach **ALL** test results confirming diagnosis) _____

2. Indicate if this is a:
 ____ **NEW START** on medication
 ____ **RECERTIFICATION** of prior authorization previously **approved by THIS PLAN**.
 ____ **CONTINUATION** of therapy previously **approved by a DIFFERENT insurance plan** or obtained via clinical trial.
 (Date medication started: _____)

Questions/Indications for Medical Necessity

**** See the Inborn Errors of Metabolism Policy (Pharmacy-23) for full Prior Authorization criteria ****

1. Provide patient symptoms: _____

2. Include **ALL** previous medications used to treat this diagnosis with dates & outcomes:

Drug Name	Dose	Frequency	Period of use	Outcome
			Start: End:	
			Start: End:	

***ATTACH PROGRESS NOTES RELATED TO THIS REQUEST. IF DOCUMENTATION IS NOT PROVIDED, IT MAY DELAY THE REQUEST.**

*Prescriber Signature: _____ Date: _____

I certify the above is true and accurate to the best of my knowledge.