



2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Miglustat

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with fields: Patient Name, Prescriber Name, Member Number, Fax: Phone, Date of Birth, Office Contact, Line of Business, NPI, State Lic ID, Address, City, State ZIP, Primary Phone, Specialty/facility name (if applicable)

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Form with fields: Drug Name, Strength, Directions / SIG

Please attach any pertinent medical history including labs and information for this member that may support approval. Please answer the following questions and sign.

Q1. Is this an initial or continuation request?

Initial - Go to 2

Continuation - Go to 6

Q2. What is the diagnosis?

Gaucher Disease Type 1 - Go to 3

Niemann-Pick Disease, Type C - Go to 5

Q3. For Gaucher disease, was the diagnosis confirmed by enzyme assay demonstrating a deficiency of beta-glucocerebrosidase (glucosidase) enzyme activity or by genetic testing? Please attach documentation.

Yes

No

Q4. Does the patient have a documented inadequate response to, intolerable adverse events with, or a clinical reason to not use enzyme replacement therapy (e.g., allergy, hypersensitivity, poor venous access)?

Yes

No



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Patient Name:	Prescriber Name:
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Q5. For Niemann-Pick disease, type C, has the diagnosis been confirmed by genetic testing results showing mutations in NPC1 or NPC2 genes? Please attach documentation.

Yes

No

Q6. For continuation, is there documentation showing that the patient is not experiencing an inadequate response or any intolerable adverse events from therapy?

Yes

No

Q7. Additional Information:

Prescriber Signature

Date
2024 Prior Authorization Request