ATRIO
HEALTH PLANS

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**Standard Request**– **(72 Hours)**	☐	**Urgent Request** (standard time frame could place the member's life, health or ability in serious jeopardy)

Date Requested _____

Requestor _____ Clinic name: _____ Phone   / Fax

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____   ☐MD ☐FNP ☐DO ☐NP ☐PA   *Phone:_____

*Address:_____   *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____   Phone:_____

*Address:_____   Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐ **Self-administered**   ☐ **Provider-administered**   ☐ **Home Infusion**

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ **New Start or Initial Request: (Clinical documentation required for all requests)**
  ☐ Documentation of a diagnosis of acid sphingomyelinase deficiency (ASMD) Type A/B or Type B
  ☐ Confirmation of ASMD by enzyme assay demonstrating low ASM enzyme activity (<10% of controls)
  ☐ Clinical symptoms of ASMD including low diffusion capacity of the lungs for carbon monoxide (DLCO) and splenomegaly
  ☐ Prescribed by, or in consultation with, specialist familiar with treatment of lysosomal storage disorders

  If not, please provide **clinical rationale** for formulary exception: _____
  _____

☐ **Continuation Requests: (Clinical documentation required for all requests)**

  ☐ Patient had an <u>adequate response</u> or <u>significant improvement</u> while on this medication.
  If not, please provide clinical rationale for continuing this medication: _____
  _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____Date:_____ /_____ /_____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Acid Sphingomyelinase Deficiency PA

Drug Name(s):
XENPOZYME   **OLIPUDASE ALFA-RPCP**

Criteria for approval of Prior Authorization Drug:
1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:
N/A

Prescriber Restrictions:
N/A

Coverage Duration:
Approval will be for 6 months

FDA Indications:
Xenpozyme
- Acid sphingomyelinase deficiency

Off-Label Uses:
N/A

Age Restrictions:
N/A

Other Clinical Considerations:
Black Box Warning: (IV; powder for solution)
Patients treated with olipudase alfa-rpcp have experienced hypersensitivity reactions, including anaphylaxis. Appropriate medical support measures, including cardiopulmonary resuscitation equipment, should be readily available during olipudase alfa-rpcp administration. If a severe hypersensitivity reaction (eg, anaphylaxis) occurs, olipudase alfa-rpcp should be discontinued immediately and appropriate medical treatment should be initiated. In patients with severe hypersensitivity reaction, a desensitization procedure to olipudase alfa-rpcp may be considered

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/PFDefaultActionId/evidencexpert.DoIntegratedSearch?navitem=headerLogout