



Request for Prior Authorization Oral Glucocorticoids for Duchenne muscular dystrophy

(PLEASE PRINT – ACCURACY IS IMPORTANT)

FAX Completed Form To 1 (800) 574-2515 Provider Help Desk 1 (877) 776-1567

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization (PA) is required for oral glucocorticoids used for the treatment of Duchenne muscular dystrophy (DMD). Payment will be considered for patients when the following criteria are met: 1) Patient has a diagnosis of DMD with documented mutation of the dystrophin gene; and 2) Patient is within the FDA labeled age; and 3) Patient experienced onset of weakness before 5 years of age; and 4) Is prescribed by or in consultation with a physician who specializes in treatment of DMD; and 5) Patient has documentation of an adequate trial and therapy failure, intolerance, or significant weight gain...

Non-Preferred

- Agamree, Emflaza

Strength Usage Instructions Quantity Day's Supply

Diagnosis:

Documented mutation of the dystrophin gene? Yes (attach documentation) No

Patient's current weight (kg): Patient's age at onset of weakness:

Does prescriber specialize in treatment of DMD?

Yes No If no, note consultation with physician who specializes in treatment of DMD:

Consultation date: Physician name & phone:

Prednisone Trial: Drug name/dose:

Trial start date: Trial end date:

Reason for failure:

Medical or contraindication reason to override trial requirements:

Attach lab results and other documentation as necessary.

Table with 2 columns: Prescriber signature (Must match prescriber listed above.) and Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.