Anthem UM Services, Inc.

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Ceredase® (alglucerase) & Cerezyme® (imiglucerase) PreDetermination of Medical Benefits

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type **Request Date:** / /

☐ Initial Authorization Request ☐ Re-Authorization Request; List Prior Auth Ref #:

☐ Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (800.870.6419) ☐ Yes ☐ No

1. PATIENT INFORMATION

Patient Last Name	Patient First Name	Patient ID Number	Patient DOB / /
Address	City	State / Zip Code /	Contact Phone Number ( ) -
Date of Diagnosis / /	Primary Diagnosis	ICD-9 Code(s)	Patient's Current Weight

2. PHYSICIAN INFORMATION

Physician Last Name	Physician First Name	Physician DEA or NPI Number	Physician Tax ID
Address	City	State	Zip Code
Office Phone Number ( ) -	Office Fax Number ( ) -	Office Contact Name	Physician Specialty

3. MEDICATION INFORMATION – This section serves as the active prescription – signature required.

Drug Name	HCPCS or CPT Code(s)	Strength / Dose
☐ **Ceredase** ☐ **Cerezyme**	☐ **J0205** ☐ **J1785**	

Direction for Use (SIG)

Date patient is scheduled to be treated (need by date) / /	Service From Date / /	Service Thru Date / /	Number of Refills

Place of Service

☐ MD Office ☐ Pt's Home ☐ Other: (please specify)

Prescriber Signature	Date / /

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4. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: **To avoid delays**, please complete this form in its entirety. Incomplete forms that are missing pertinent information will be pended. If indicated, please provide **ALL** supporting lab results, progress notes, etc.

(1) Gaucher Disease Type I (adult)

☐ Yes ☐ No Is the pt confirmed to have type 1 Gaucher disease by one of the following methods?

- ☐ Gluocerebrosidase activity in the WBCs or skin fibroblasts is ≤ 30% of normal activity, or
- ☐ Genotype testing indicates mutation of 2 alleles of the glucocerebrosidase genome.

☐ Yes ☐ No Does the pt have significant clinical manifestations of skeletal disease with one or more of the following?

- ☐ Avascular necrosis
- ☐ Erlenmeyer flask deformity
- ☐ Lytic disease
- ☐ Marrow infiltration
- ☐ Osteopenia
- ☐ Osteosclerosis
- ☐ Pathological fracture
- ☐ Radiological evidence of joint deterioration

☐ Yes ☐ No Does pt present with at least 2 of the following?

- ☐ Clinically significant hepatomegaly
- ☐ Clinically significant splenomegaly
- ☐ Platelet count ≤ 120,000 mm^3
- ☐ Hgb ≤ 11.5 g/dL for females, or
- ☐ Hgb ≤ 12.5 g/dL for males, or
- ☐ Hgb is 1.0 g/dL below lower limit of normal for age and sex

(2) Gaucher Disease Type I (children)

☐ Yes ☐ No Is the pt confirmed to have type 1 Gaucher disease by one of the following methods?

- ☐ Gluocerebrosidase activity in the WBCs or skin fibroblasts is ≤ 30% of normal activity, or
- ☐ Genotype testing indicates mutation of 2 alleles of the glucocerebrosidase genome.

☐ Yes ☐ No Does the pt have significant clinical manifestations of Gaucher Disease with one or more of the following?

- ☐ Abdominal or bone pain
- ☐ Cachexia
- ☐ Exertional limitations
- ☐ Fatigue
- ☐ Documented growth failure not associated with other conditions
- ☐ Evidence of skeletal involvement, not limited to Erlenmeyer flask deformity
- ☐ Anemia with Hgb < 2.0 g/L below limit of normal for age and sex
- ☐ Platelet count < 60,000 mm^3 and/or documented abnormal bleeding episodes

(3) Gaucher Disease Type 3 (adult)

☐ Yes ☐ No Is pt confirmed to have type 3 Gaucher disease by genotype testing indicating 2 or more alleles for neuropathic Gaucher disease?

☐ Yes ☐ No Does pt have significant clinical manifestations of skeletal disease with one or more of the following?

- ☐ Avascular necrosis
- ☐ Erlenmeyer flask deformity
- ☐ Lytic disease
- ☐ Marrow infiltration
- ☐ Osteopenia
- ☐ Osteosclerosis
- ☐ Pathological fracture
- ☐ Radiological evidence of joint deterioration

☐ Yes ☐ No Does the pt present with at least **two (2)** of the following?

- ☐ Clinically significant hepatomegaly
- ☐ Clinically significant splenomegaly
- ☐ Hgb is 1.0 g/dL below lower limit of normal for age and sex
- ☐ Platelet count ≤ 120,000 mm^3

☐ Yes ☐ No Are the neurological findings consistent with the presence of type 3 Gaucher disease, confirmed by the following tests?

- ☐ Neurological exam by a neurologist
- ☐ Eye movement exam by an ophthalmologist
- ☐ Neuro-ophthalmological investigation w/direct ophthalmoloscopy
- ☐ Intelligence quotient testing (when appropriate & reasonable)
- ☐ Measurement of peripheral hearing
- ☐ Brain imaging
- ☐ Electroencephalography (EEG)
- ☐ Diagnostic brain stem evoked responses

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APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY (continue)

(4) Gaucher Disease Type 3 (children)

☐ Yes ☐ No Is the pt confirmed to have type 3 Gaucher disease by genotype testing indicating 2 or more alleles for neuropathic Gaucher disease?

☐ Yes ☐ No Does the pt have significant clinical disease manifestations with one or more of the following?

- ☐ Abdominal or bone pain
- ☐ Cachexia
- ☐ Exertional limitations
- ☐ Fatigue
- ☐ Documented growth failure not associated with other conditions
- ☐ Evidence of skeletal involvement, not limited to Erlenmeyer flask deformity
- ☐ Anemia with Hgb < 2.0 g/L below limit of normal for age and sex
- ☐ Platelet count < 60,000 mm^3 and/or documented abnormal bleeding episodes

☐ Yes ☐ No Are the neurological findings consistent with the presence of type 3 Gaucher disease, confirmed by the following tests?

- ☐ Neurological exam by a neurologist
- ☐ Eye movement exam by an ophthalmologist
- ☐ Neuro-ophthalmological investigation w/direct ophthalmoloscopy
- ☐ Intelligence quotient testing (when appropriate & reasonable)
- ☐ Measurement of peripheral hearing
- ☐ Brain imaging
- ☐ Electroencephalography (EEG)
- ☐ Diagnostic brain stem evoked responses

(5) Other Use(s) (This will not be reviewed unless all supporting evidence/documentation, labs, etc., are attached.)

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5. PHYSICIAN SIGNATURE

	/ /
Prescriber Signature	**Date**

Prior Authorization is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.