

Federal Employee Program.

## MIPLYFFA PRIOR APPROVAL REQUEST

Send completed form to: Service Benefit Plan Prior Approval P.O. Box 52080 MC 139 Phoenix, AZ 85072-2080 Attn. Clinical Services Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)			Provider Information (required)			
Date:			Provider Name:			
Patient Name:			Specialty:		NPI:	
Date of Birth: Sex: □Male □Female		Office Phone:		Office Fax:		
Street Address:			Office Street Address:			
City: State: Zip:		Zip:	City:	Sta	ate: Zip:	
Patient ID: R	1 1 1		Physician Signature:	I		
PHYSICIAN COMPLETES						
Miplyffa						
(arimoclomol)						
**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit						
<b>NOTE</b> : Form must be completed in its <b>entirety</b> for processing						
1. Is this request for brand or gen	eric? Brand	☐ Generic				
2. Will the patient need more than 372 milligrams per day? □Yes* □No *If YES, please specify the requested milligrams per day: mg per day						
3. Does the patient have a diagno	sis of Niemann-Pi	ck disease type	e C (NPC)? Yes	No		
4. Does the prescriber agree to m	onitor for hyperse	nsitivity reaction	ons and increased creating	ine? $\Box$ Yo	es 🗆 No	
5. Will this medication be used in	n combination with	n miglustat (Za	vesca)? □Yes □No			
6. Has the patient been on this me	edication continuo	usly for the last	6 months excluding sar	mples? Plea	ise select an	swer below:
$\square$ <b>NO</b> – this is <b>INITIATION</b>	of therapy, please	answer the fol	lowing question:			
a. Has the NPC diagnosis NPC2 genes? □Yes	been confirmed by □No	y genetic testin	g identifying disease-cau	using variar	nts in the NF	PC1 or
b. Is this medication being	g used for the neur	ological manif	estations of NPC? $\Box$ Y	es 🗆 No		

□ YES – this is a PA renewal for CONTINUATION of therapy, please answer the following question:

a. Has the neurological manifestations improved or stabilized? □Yes □No