

## Vimizim (elosulfase alfa) Prior Authorization of Benefits Form

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-474-3341

**1. Patient information**
**2. Physician information**

Patient name: _____ Patient ID #: _____ Patient DOB: _____ Date of Rx: _____ Patient phone #: _____ Patient email address: _____	Prescribing physician: _____ Physician address: _____ Physician phone #: _____ Physician fax #: _____ Physician specialty: _____ Physician DEA: _____ Physician NPI #: _____ Physician email address: _____
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**3. Medication**
**4. Strength**
**5. Directions**
**6. Quantity per 30 days**

Vimizim (elosulfase alfa)	_____	_____	Specify: _____
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**7. Diagnosis:** \_\_\_\_\_

**8. Approval criteria:** (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Yes    No   Patient has had a diagnosis of mucopolysaccharidosis IVA (also called Morquio A syndrome) in the past 730 days

For the Texas Medicaid Preferred Drug List, please refer to the Texas Medicaid Vendor Drug Program website at:  
<http://www.txvendordrug.com/formulary/preferred-drugs.shtml>

**9. Physician signature**

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Prescriber or authorized signature	Date
<i>Prior Authorization of Benefits 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. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.</i>	
Note: Payment is subject to member eligibility. Authorization does not guarantee payment.	
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**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.