



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Cerdelga<sup>®</sup> Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Type 1 Gaucher disease	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<b>Clinical Information:</b>
Is the patient an extensive metabolizer (EM), intermediate metabolizer (IM), or poor metabolizer (PM) of cytochrome P450 enzyme (CYP) 2D6 as detected by an FDA-cleared test? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>Reauthorization:</b>
<b>If this is a reauthorization request, answer the following question:</b>
Select if the following applies to confirm the patient's condition has not progressed:
<input type="checkbox"/> Hemoglobin level decreased greater than 1.5 g/dL from baseline
<input type="checkbox"/> Platelet count decreased greater than 25% from baseline
<input type="checkbox"/> Spleen volume increased greater than 25% from baseline
<input type="checkbox"/> Liver volume increased greater than 20% from baseline

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note: This request may be denied unless all required information is received. For urgent or expedited requests please call 1-800-711-4555. This form may be used for non-urgent requests and faxed to 1-800-527-0531.