



Fax completed prior authorization request form to 800-854-7614 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. **Incomplete forms or forms without the chart notes will be returned**

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/chp-forproviders/pharmacy

Emflaza Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

REQUIRED: Office notes, labs and medical testing relevant to request showing medical justification to support diagnosis

Member Information						
Member Name (first & last):		Date of Birth:		Gender:		Height:
				<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Member ID:	City:		State:		Weight:	
Prescribing Provider Information						
Provider Name (first & last):		Specialty:		NPI#		DEA#
Office Address:		City:		State:		Zip Code:
Office Contact:			Office Phone		Office Fax:	
Dispensing Pharmacy Information						
Pharmacy Name:			Pharmacy Phone:		Pharmacy Fax:	
Requested Medication Information						
Medication request is NOT for an FDA- approved, or compendia-supported diagnosis (circle one): Yes No			Diagnosis:		ICD-10 Code:	
Are there any contraindications to formulary medications? If yes, please specify:				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New request
<input type="checkbox"/> Continuation of therapy ONLY:	Has there been clinical benefit from therapy documented as improvement in baseline motor milestone scores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will Emflaza be given concurrently with live vaccinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does member have active infection (including HBV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If member has history of HBV infection, will provider monitor for HBV reinfection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Directions for Use:		Strength:		Dosage Form:		
		Quantity:	Day Supply:	Duration of Therapy/Use:		
What medication(s) has the member tried and failed for this diagnosis? Please specify below.						
Turn-Around Time for Review						
<input type="checkbox"/> Standard – (24 hours)			<input type="checkbox"/> Urgent – waiting 24 hours for a standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision.			
			Signature: _____			
Clinical Information						
Did genetic testing demonstrate mutation in dystrophin gene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did muscle biopsy show total absence of dystrophin OR abnormal dystrophin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is creatine kinase at least 10 times ULN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was there a trial of prednisone for at least 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there unmanageable AND clinically significant weight gain / obesity OR psychiatric / behavioral issues (abnormal behavior, aggression, or irritability) as result of trial of prednisone?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Baseline motor milestone score was completed by one of the following:				<input type="checkbox"/> 6-minute walk test (6MWT) <input type="checkbox"/> North Star Ambulatory Assessment (NSAA) <input type="checkbox"/> Motor Function Measure (MFM) <input type="checkbox"/> Hammersmith Functional Motor Scale (HFMS)		
Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records.						

[Empty box for chart notes]

Signature affirms that information given on this form is true and accurate and reflects office notes.

Prescribing Provider's Signature: _____ Date: _____

Please note: Incomplete forms or forms without the chart notes will be returned

Office notes, labs, and medical testing relevant to the request that show medical justification are required.

Standard turnaround time is 24 hours. You can call 833-711-0776 to check the status of a request.