TRICARE Prior Authorization Request Form for migalastat (Galafold)



JOHNS HOPKINS HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

FAX Completed Form and Applicable Progress Notes to: (410) 424-4037

Address:

Step

1

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting	provider
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Physician Name: _____

Address:

Clinical Documentation must accompany form in order for a determination to be made.

Please complete patient and physician information (please print):

Patient Name:

	Sponso	or ID #	Phone #:	
	Date of	f Birth: Sec	cure Fax #:	
Step	Please	complete the clinical assessment:		
2	Is the patient GREATER than or EQUAL to 18 years of	□ Yes	□ No	
		age?	Proceed to question 2	STOP
			Coverage not approved	
	2.	Does the patient have laboratory evidence of GLA gene variant based on in vitro assay data?	□ Yes	□ No
			Proceed to question 3	STOP
				Coverage not approved
-	3.	3. Is Galafold being prescribed by or in in consultation with a geneticist, nephrologist or a physician who specializes in the treatment of Fabry disease?	□ Yes	□ No
			Proceed to question 4	STOP
		•		Coverage not approved
	1	Will Galafold be used concomitantly with Fabrazyme?	□ Yes	□ No
	4.			
	7.		STOP	Sign and date below
			Coverage not approved	_
Step 3		fy the above is true to the best of my knowled	Coverage not approved	_
			Coverage not approved	_
Step 3		fy the above is true to the best of my knowled	Coverage not approved ge. Please sign and d	_
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3	I certi	fy the above is true to the best of my knowleds Prescriber Signature	Coverage not approved ge. Please sign and d	ate:
3	I certi	fy the above is true to the best of my knowleds Prescriber Signature	Coverage not approved ge. Please sign and d Date	ate:
or Internology Approved Denied	I certi	fy the above is true to the best of my knowledge Prescriber Signature Only	Coverage not approved ge. Please sign and d Date Duration of Approval:	ate: