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MAGELLAN COMPLETE CARE

Prior Authorization

Orfadin®

Maximum Length of Approval = Twelve Months

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID #

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Prescriber Phone Number -

Prescriber Fax Number -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number -

Pharmacy Fax Number -

1. Is the patient's diagnosis hereditary tyrosinemia type I? ○ Yes ○ No

2. Are the dietary restrictions of tyrosine and phenylalanine alone sufficient to maintain the urinary succinylacetone at or below detectable levels? ○ Yes ○ No

3. Is this patient currently placed on a liver transplantation waiting list? ○ Yes ○ No

4. In your opinion, will this patient likely become a candidate for liver transplantation within the next year? ○ Yes ○ No

5. The patient's current weight is _____ kg

PRESCRIBER'S SIGNATURE: _____ **DATE**: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs. **The provider must retain copies of all documentation for five years.**

Fax or mail completed forms to:

Magellan Complete Care
c/o Magellan Pharmacy Solutions
11013 West Broad Street, Suite 500
Glen Allen, VA 23060

Phone: 1-800-327-8613
TTY: 1-800-424-1694
Fax: 1-800-424-7982

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Review Criteria:

1. If the patient can be maintained on dietary restrictions alone, Orfadin® is not approved. (If the answer to question two is YES, do not approve.)
2. If the patient is on a liver transplantation list, approval period is only for six months.
3. If in the physician's opinion, the patient will become a liver transplant candidate within the next year, the approval period is only six months.
4. All other approvals are for a one-year period.
5. Limit the dose to 2mg per Kg plus a 25 percent growth factor.
   Orfadin is packaged in a high density (HD) polyethylene container of 60 capsules and cannot be repackaged and dispensed in a different container.

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