BlueCross BlueShield of North Carolina | HealthyBlue

Zolgensma Prior Authorization Form

Member information		
1. Member last name:	2. Member first name:	
3. Member ID #:	4. Member date of birth:	5. Member gender:
Prescriber information		
6. Prescribing provider NPI#:		
7. Requester contact information		
Name:		
Phone:	Ext:	
Drug information		
8. Drug name:	9. Strength:	
10. Quantity per 30 days:		
11. Length of therapy (in days): ☐ up to four weeks		
Clinical information		
1. Is the member less than two years of age? ☐ Yes ☐ No		
2. Does the member have a diagnosis of spinal muscular atrophy (SMA), with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene? ☐ Yes ☐ No (Please attach additional documentation)		
3. Does genetic testing confirm the presence of one of the following: ☐ Yes ☐ No (Please attach additional documentation and choose one or more of the following) ☐ Homozygous deletions of SMN1 gene (for example, absence of the SMN1 gene) ☐ Homozygous mutation in the SMN1 gene (for example, biallelic mutations of exon 7); ☐ Compound heterozygous mutation in the SMN1 gene (for example deletion of SMN1 exon 7 [allele 1] and mutation of SMN1 [allele 2])		
4. Is this medication being prescribed by or in consultation with a neurologist? ☐ Yes ☐ No		
5. Does the member have advanced SMA (for example, complete paralysis of limbs, permanent ventilator dependence, tracheostomy, non-invasive ventilation beyond the use for sleep)? ☐ Yes ☐ No (please attach documentation)		
6. Has the member been previously treated with Zolgensma? ☐ Yes ☐ No		
7. Have documents been included for one of the following baseline scores: ☐ Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorder (CHOP-INTEND) score ☐ Hammersmith Infant Neurological Examination (HINE) Section 2 motor milestone score ☐ Newborn screening results indicating baby has SMA		
8. Have documents been included for both of the following: ☐ Yes ☐ No ☐ Baseline laboratory tests demonstrating Anti-AAV9 antibody titers ≤ 1:50 as determined by ELISA binding immunoassay ☐ Baseline liver function test, platelet counts, INR, and troponin-L		
9. Is Zolgensma being prescribed concurrently with Spinraza? ☐ Yes ☐ No		
10. Does the member have an active viral infection? ☐ Yes ☐ No		
11. Does the Total dose exceed 1.1 x 1014 vector genomes (vg) per kilogram (kg) body weight? ☐ Yes ☐ No		
12. Is Zolgensma being given in conjunction with pre and post infusion parenteral corticosteroids? ☐ Yes ☐ No		

https://provider.healthybluenc.com

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Signature of prescriber:	Date:
(Prescriber signature mandatory) I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.	

Fax this form to **844-376-2318**
Healthy Blue Pharmacy Prior Authorization Call Center: **844-594-5072**