

Zolgensma

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: **Zolgensma** 2. Strength: _____ 3. Quantity Per 30 Days: _____
4. Length of Therapy: 1 Dose

Clinical Information

1. Is the member less than 2 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 (e.g., absence of the SMN1 gene)
 - Homozygous mutation in the SMN1 gene (e.g., biallelic mutations of exon 7);
 - Compound heterozygous mutation in the SMN1 gene [e.g., 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 (e.g., 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 $\leq 1:50$ as determined by ELISA binding immunoassay
 - Baseline liver function test, platelet counts, 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 1.1×10^{14} 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

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 PerformRx at (833) 726-7628 or call Pharmacy PA Call Center: (855) 662-0277