

Member Name: _____ Member ID: _____ Member DOB: _____
Drug Name: _____ Strength: _____ Directions: _____
Physician Name: _____ Physician Phone #: _____ Specialty: _____
Physician Fax#: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health
Galsulfase (Naglazyme®) – Medical Necessity Request
****Complete page 1 for Initial Requests Only****

1. What is the member's current weight? _____ pounds or _____ kg
2. Does the member have a diagnosis of Mucopolysaccharidosis VI (MPS VI, Maroteaux-Lamy syndrome)? **Yes or No**
3. Which of the following has confirmed the diagnosis?
 - Detection of mutations in the arylsulfatase B (ARSB) gene (5q.13-q14)
 - Absence or deficient activity of N-acetylgalactosamine 4-sulfatase (arylsulfatase B) in leukocytes or fibroblasts
 - None of the above
4. Does the member have clinical signs and symptoms of the disease (e.g., kyphoscoliosis, pectus carinatum, gait disturbance, reduced pulmonary function, etc.)? **Yes or No**
5. Is the medication being prescribed by or in consultation with an endocrinologist, geneticist, metabolic disorders specialist, or an expert in the disease state? **Yes or No**
6. **NOTE:** Progress notes indicating progressive improvement with treatment (e.g., distanced walked in six minutes [6-MWT], etc.), compared to baseline testing and/or clinical assessments to assess response to therapy will be required for subsequent requests.

Physician office's signature* _____ Print Name _____
*Form must be completed and signed by physician or licensed representative from the physician's office

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Horizon NJ Health
Galsulfase (Naglazyme) – Medical Necessity Request
*****Complete page 2 only for Subsequent/Renewal requests*****

1. What is the member's current weight? _____ pounds or _____ kg

2. Are there progress notes indicating progressive improvement with treatment (e.g., distanced walked in six minutes [6-MWT], etc.), compared to baseline testing and/or clinical assessments to assess response to therapy? **Yes** or **No**

Physician office's signature* _____ Print Name _____

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