

PRIOR AUTHORIZATION (PA) INFORMATIONAL CHECKLIST

For your reference, please see the following checklist designed as a guide to list supporting clinical documentation that may be required by the insurance plan. The following information is relevant for patients diagnosed with the FDA-approved indication for the applicable Mirum product.

Insurance plans may process prior authorization requests quickly if expedited review is requested by the health care provider.

Criteria for Insurance Plans Without Policy
Clinical Diagnosis
☐ Genetic Test Results, preferred
□ Biochemical Results
O Elevated 7-DHC Levels (SLOS)
FAB-MS, Urinary Bile Acid (atypical) (BASD)Cholestanaol
\circ 7 α 12 α C or 7 α C4
○ Very Long Chain Fatty Acid (PBD-ZSD)
Supporting Clinical Documentation
□ Documentation of current weight
□ Labs (ALT, AST, bilirubin, GGT, cholesterol)
☐ Documentation of complications from decrease in fat-soluble vitamins
Re-authorization Considerations
☐ Improvement in Liver Labs
□ Improved Cholesterol Levels
□ Documentation of current weight

IMPORTANT: NO GUARANTEE OF COVERAGE OR REIMBURSEMENT IS MADE BY CHECKING THE ABOVE BOXES

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