HEALTH PLANS
UNIVERSITY OF UTAH

PRIOR AUTHORIZATION REQUEST FORM
MULTIPLE SCLEROSIS AGENTS

Aubagio®, Avonex®, Bafiertam™, Betaseron®, Copaxone®, Extavia®, Gilenya®, Glatopa®, H.P. Acthar Gel®, Kesimpta®, Lemtrada®, Maveclad®, Mayzent®, Ocrevus®, Plegridy®, Rebif®, Rituxan®, Tecfidera®, Tysabri®, Vumerity®, Zeposia®

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

- For **Medical Pharmacy** please fax requests to 801-213-1547.
- For **Retail Pharmacy** requests please fax requests to: 888-509-8142

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans: 855-869-4769, Commercial Groups: 855-859-4892, MHC: 855-885-7695, Advantage U Part B: 888-605-0858

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		HCPCS Code:

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Preferred: ☐ Aubagio® (teriflunomide), ☐ Avonex® (interferon beta-1a), ☐ Gilenya® (fingolimod), ☐ glatiramer acetate, ☐ Mayzent® (siponimod), ☐ Ocrevus® (ocelizumab), ☐ Rebif® (interferon beta-1a), ☐ Rituxan® (rituximab), ☐ Tecfidera® (dimethyl fumarate), ☐ Tysabri® (natalizumab)
Non-Preferred: ☐ Bafiertam™ (monomethyl fumarate) ☐ Betaseron® (interferon beta-1a), ☐ Copaxone® (glatiramer acetate), ☐ Extavia® (interferon beta-1a), ☐ Glatopa® (glatiramer acetate) ☐ H.P. Acthar® Gel (repository corticotropin), ☐ Kesimpta® (ofatumumab) ☐ Lemtrada® (alemtuzumab), ☐ Mavenclad® (cladribine), ☐ Plegridy® (peginterferon beta-1a), ☐ Vumerity® (diroximel fumarate), ☐ Zeposia® (ozanimod)

Dosing/Frequency:_____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Does the member have a diagnosis of Multiple Sclerosis?	☐	☐	**Please provide documentation**
2. Is the member 18 years of age or older?	☐	☐	
3. Is the prescriber a neurologist or working in consultation with a neurologist?	☐	☐	
RITUXAN®			
1. Is the request for Rituxan®? If yes, no other questions required.	☐	☐	
OCREVUS®			
1. Has the member trialed and failed Tysabri® or at least two of the following?	☐	☐	**Please provide documentation**

• Aubagio® • Avonex®, Rebif®, or Betaseron® • Gilenya® or Mayzent® • glatiramer acetate • Rituxan® • Tecfidera®			
TYSABRI®			
1. Has the member trialed and failed Ocrevus® or at least two of the following? • Aubagio® • Avonex®, Rebif®, or Betaseron® • Gilenya® or Mayzent® • glatiramer acetate • Rituxan® • Tecfidera®	☐	☐	**Please provide documentation**
NON-PREFERRED AGENTS			
1. If a non-preferred medication is being requested, have *all* preferred products been trialed, with the exception of Rituxan®?	☐	☐	**Please provide documentation**
REAUTHORIZATION			
1. Is the request for reauthorization of therapy?	☐	☐	
2. Has the member's therapy been re-evaluated with a neurologist within the past 12 months?	☐	☐	
3. Has the therapy shown to be effective with evidence of a positive clinical response?	☐	☐	**Please provide documentation**
4. Does the member show a continued medical need for therapy?	☐	☐	**Please provide documentation**
What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.			
Additional information:			
Physician's Signature:			

****Failure to submit clinical documentation to support this request will result in delay and/or denial of the request****

Policy PHARM- 044
Origination Date: 10/26/2016
Reviewed/Revised Date: 10/28/2020
Next Review Date: 10/28/2021
Current Effective Date: 11/01/2020