

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax to: (877) 974-4411 toll free, or (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Avonex[®] (interferon beta-1a)

Copaxone[®] (interferon beta-1b)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

- Avonex lyophilized powder vial **Dose:** _____
- Avonex single-use prefilled syringe
- Avonex single-use prefilled autoinjector
- Copaxone **Start Date:** _____

PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS

Authorization for Avonex[®] (interferon beta-1a) or Betaseron (interferon beta-1b) requires the following information to certify:

Patient must have met the following requirements:

- Documented therapeutic trial of Copaxone or Rebif

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for Avonex[®] (interferon beta-1a) or Betaseron (interferon beta-1b) requires the following information to certify:

A. Which of the following medications has the patient had a documented therapeutic trial and clinical failure?

- a. Copaxone
b. Rebif
c. Other: _____

B. Please provide clinical rationale for prescribing this agent as opposed to a preferred formulary agent.

CLINICAL EFFICACY OF DISEASE MODULATING THERAPIES

- Clinically isolated syndromes suggestive of multiple sclerosis
 - Avonex¹, Betaseron², and Rebif³ have been shown effective versus placebo when initiated at the time of a first demyelinating event suggestive of early multiple sclerosis
- Relapsing forms of multiple sclerosis
 - Avonex, Betaseron, Rebif and Copaxone have been shown to reduce the frequency of clinical exacerbations in relapsing forms of multiple sclerosis vs. placebo
 - Betaseron has been shown to be more effective than Avonex. Betaseron was associated with an increased risk of adverse events and presence of neutralizing antibodies compared to Avonex⁴
 - Rebif has been shown to be more effective than Avonex. Rebif was associated with a greater risk of adverse events and presence of neutralizing antibodies⁵
 - Betaseron has not been shown to be more effective than Rebif⁶

***** All fields must be complete and legible for Prior Authorization Review*****

Please fax this request to: (877)974-4411 toll free or (616)942-8206

YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX

¹ Jacobs LD, et al. Intramuscular interferon beta-1a therapy initiated during a first demyelinating event in multiple sclerosis. CHAMPS Study Group. *N Engl J Med.* 2000;343: 898-904.

² Kappos L, et al. Treatment with interferon beta-1b delays conversion to clinically definite and McDonald MS in patients with clinically isolated syndromes. *Neurology.* 2006;67: 1242-9.

³ Comi G, et al. Effect of early interferon treatment on conversion to definite multiple sclerosis: a randomised study. *Lancet.* 2001; 357: 1576-82.

⁴ Durelli L, et al. Every-other-day interferon beta-1b versus once-weekly interferon beta-1a for multiple sclerosis: results of a 2-year prospective randomised multicentre study (INCOMIN). *Lancet.* 2002;359: 1453-60.

⁵ Panitch H, et al. Randomized, comparative study of interferon beta-1a treatment regimens in MS: The EVIDENCE Trial. *Neurology.* 2002;59: 1496-506.

⁶ Koch-Hendriksen, et al. *Neurology.* 2006; 66: 1156-60.