

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial Individual (Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Aubagio[®] (teriflunomide)

Member

Last Name: _____

First Name: _____

ID #: _____

DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____

Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____

Contact Name: _____

Provider Signature: _____

Date: _____

Product Information

New request Continuation request

Drug product: Aubagio 7 mg tablet
 Aubagio 14 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of relapsing-remitting multiple sclerosis (RRMS), secondary-progressive multiple sclerosis (SPMS), or progressive-relapsing multiple sclerosis (PRMS). (documentation of a multiple sclerosis ICD10 code* within the last 12 months must be submitted to Priority Health)
2. Prescriber is board-certified neurologist or multiple sclerosis physician specialist with experience prescribing MS therapy.
3. Not being used in combination with another disease-modifying agent for MS.

* Approved ICD10 codes are provided in the Additional Information section

Priority Health Precertification Documentation

A. What condition is this drug being requested for? (documentation of an approved ICD10 code from within the last 12 months must be submitted to Priority Health)

RRMS SPMS PRMS

Other – the patient's condition is: _____

Rationale for use: _____

B. Is the prescriber a neurologist?

Yes No

C. Will the patient be treated with another disease-modifying agent for MS?

Yes, Rationale for use: _____

No

Additional information

Approved ICD10 Codes for Multiple Sclerosis

ICD10	ICD10 Label
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G37.0	Diffuse sclerosis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system