

# 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.

## Avonex<sup>®</sup> (interferon beta 1A)

### 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:  Avonex 30 mcg vial  
 Avonex 30 mcg prefilled syringe  
 Avonex 30 mcg pen kit

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. Patient will not be using 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 patient be using in combination with another disease-modifying agent for MS?**

Yes, rationale: \_\_\_\_\_

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