

# 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.

## Glatopa<sup>®</sup>, Glatiramer Acetate

### 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:  Glatopa 20mg/ml  
 Glatiramer 20 mg/ml  
 Glatiramer 40 mg/ml

Start date (or date of next dose): \_\_\_\_\_

Dose Requested: \_\_\_\_\_

### 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).
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.

### Priority Health Precertification Documentation

#### A. What condition is this drug being requested for?

- Relapsing-remitting multiple sclerosis (RRMS)  
 Secondary-progressive multiple sclerosis (SPMS)  
 Progressive-relapsing multiple sclerosis (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