

# 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.

## Plegridy (peginterferon 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:  Plegridy

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

Dose: \_\_\_\_\_ Dose 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 specialist with experience prescribing MS therapy.
3. Patient will not be using in combination with another disease-modifying agent for MS.
4. Must try and fail two of the preferred agents including: Avonex, Glatopa, Tecfidera, or Rebif. Failure or inadequate response is defined below.

\*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)

B.  RRMS  SPMS  PRMS  
 Other – the patient's condition is: \_\_\_\_\_

C. Is the prescriber a neurologist?

Yes  No

**D. What other treatments has the patient tried?**

- |  |   |                 |
|--|---|-----------------|
| <input type="checkbox"/> Avonex                    | <input type="checkbox"/> Discontinued, Reason _____ | Duration: _____ |
| <input type="checkbox"/> Rebif                     | <input type="checkbox"/> Discontinued, Reason _____ | Duration: _____ |
| <input type="checkbox"/> Tecfidera                 | <input type="checkbox"/> Discontinued, Reason _____ | Duration: _____ |
| <input type="checkbox"/> Copaxone                  | <input type="checkbox"/> Discontinued, Reason _____ | Duration: _____ |
| <input type="checkbox"/> Glatopa                   | <input type="checkbox"/> Discontinued, Reason _____ | Duration: _____ |
| <input type="checkbox"/> Other, please list: _____ |   |                 |

**E. Inadequate response due to (2 of the 3 must be met):**

- Increase in frequency (at least one clinical relapses within the past 12 months), severity and/or sequelae of relapses
- Changes in MRI: continues to have CNS lesion progression as measured by MRI (increased number or volume of gadolinium-enhancing lesions, T2 hyperintense lesions and/or T1 hypointense lesions)
- Increase in disability progression: Sustained worsening of EDSS score, routine neurological observation, mobility, or ability to perform activities of daily living

**F. Will 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