

## 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.

## Rebif<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: ☐ Rebif 22 mcg/0.5mL

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

☐ Rebif 44 mcg/0.5mL

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

☐ Rebif titration pak

### 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.
4. Must first try glatiramer.

\* 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

D. Please list what other disease modifying treatments for MS the patient has tried:

Drug	Dates	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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### 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