

# 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.

## Tecfidera (dimethyl fumarate)

### 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:  Tecfidera 120 mg capsule  
 Tecfidera 240 mg capsule

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. Must be greater than 18 years of age
2. Diagnosis of relapsing-remitting multiple sclerosis (RRMS), secondary-progressive multiple sclerosis (SPMS) with relapses, or progressive-relapsing multiple sclerosis (PRMS), defined by the McDonald criteria
3. Prescribed by or in consultation with a board-certified neurologist or multiple sclerosis physician specialist with experience prescribing MS therapy
4. Expanded Disability Status Scale (EDSS) score between 0 and 5 (disability severe enough to impair full daily activities) **OR** documentation supporting the disability within this range
5. Documented inadequate response (at least 6 months of therapy) to non-interferon, glatiramer acetate (Copaxone), defined as meeting **TWO** of the following three criteria during treatment:
  - a. Increase in frequency (at least two clinical relapses within the past 12 months), severity and/or sequelae of relapses
  - b. 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)
  - c. Increase in disability progression: Sustained worsening of EDSS score, routine neurological observation, mobility, or ability to perform activities of daily living
6. Patient will not be using a disease-modifying agent for MS at the same time as Tecfidera

**NOTE:** "Needle phobia" or "needle fatigue" is not considered an intolerance or contraindication to the first-line disease-modifying therapies (DMT's)

**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. Was Tecfidera prescribed by or in consultation with a board-certified neurologist or multiple sclerosis physician specialist with experience prescribing MS therapy**

- Yes
- No

**C. Has the patient tried Copaxone (glatiramer acetate)?**

- Yes. Duration of use: \_\_\_\_\_
- No. Rationale for use of Tecfidera: \_\_\_\_\_

**D. Which of the following describes the response to Copaxone (glatiramer acetate) (2 of the 3 must be met)?**

- Increase in frequency (at least two 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

**NOTE:** “Needle phobia” or “needle fatigue” is not considered an intolerance or contraindication to the first-line disease-modifying therapies (DMT’s)

**E. What is the patients Expanded Disability Status Scale (EDSS) score?**

- 0-5 (disability severe enough to impair full daily activities) **OR** documentation supporting the disability within this range.
- Other – Rationale for use: \_\_\_\_\_

**F. Will the patient be treated with another disease-modifying agent for MS at the same time as Tecfidera?**

- Yes. Rationale for use: \_\_\_\_\_
- No