PriorityHealth

Medical 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.

Tysabri® (natalizumab)

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 and Billing Information

☐ New request ☐ Continuation request

Drug product: ☒ Tysabri 300 mg/15 mL injection

Dose:_____ **Dose Frequency**:_____

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Date of next dose: _____

Place of administration: ☐ Physician's office
☐ Outpatient infusion
Facility: _____ NPI:_____ Fax:_____
☐ Home infusion
Facility: _____ NPI:_____ Fax:_____

Billing: ☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
Pharmacy:_____ NPI:_____ Fax:_____

ICD-10 Diagnosis code(s): _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Age 18 years or older
2. One of the following diagnoses and completion of applicable step therapy:
   - Relapsing–remitting multiple sclerosis* with a documented therapeutic trial with two of the following: Avonex, Gilenya, and Tecfidera.
   - Moderate to severe active Crohn's disease with a documented therapeutic trial with Humira and infliximab

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 12/2017
Last reviewed 03/2019

*Documentation of a multiple sclerosis ICD10 code within the last 12 months must be submitted to Priority Health for commercial individual members. Approved ICD10 codes are provided in the Additional Information section.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Relapsing–remitting multiple sclerosis
Which of the following medications has the patient tried?
☐ Avonex Dates of trial: _____
☐ Gilenya Dates of trial: _____
☐ Tecfidera Dates of trial: _____

☐ Other rationale: _____

☐ Moderate to severe active Crohn's disease
Which of the following medications has the patient tried?

☐ Humira Dates of trial: _____
☐ Infliximab Dates of trial: _____

☐ Other – rationale for use: _____

Additional information

- The safety and efficacy of treatment with Tysabri beyond two years is not known
- The safety and efficacy of treatment with Tysabri with chronic progressive multiple sclerosis has not been established

WARNING: PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY
See full prescribing information for complete boxed warning

- Tysabri increases the risk of progressive multifocal leukoencephalopathy (PML), an opportunistic viral infection of the brain that usually leads to death or severe disability
- Monitor patients, and withhold TYSABRI immediately at the first sign or symptom suggestive of PML
- Tysabri is available only through a special restricted distribution program called the TOUCH® Prescribing Program and must be administered only to patients enrolled in this program

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

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