



15 Earhart Drive, Suite 101, Amherst, NY 14221

MULTIPLE SCLEROSIS AUTHORIZATION / RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name, Today's Date, Date Needed, Date of birth, Sex, Weight, Prescriber, Hospital/Clinic, Home Phone Number, Phone Number, Fax Number, Home Address, City, State, Zip, Address, City, State, Zip, Member's Insurance ID, Office Contact, Allergies, Office Specialty, Is patient self-injecting?

DRUG SELECTION AND STATEMENT OF MEDICAL NECESSITY

AUTHORIZATION

RE-AUTHORIZATION

Primary Diagnosis: RRMS SPMS PPMS PRMS CIS

Drug Requested:

ICD10 Code:

Dose: Frequency:

Will patient be discontinuing current treatments? Yes No

Please list all medications this patient has tried for the above diagnosis:

DALFAMPRIDINE

- Medication is being requested to improve walking speed?
Baseline timed 25-foot walk
Serum Creatinine
current weight
Is patient wheelchair bound?
Is this patient able to ambulate with or without the use of a walking device?
Patient does not have a history of seizure disorder.

FOR RE-AUTHORIZATION

- current timed 25-foot walk
Serum Creatinine
current weight
Patient is not wheelchair bound and able to ambulate with or without a walking device?
Patient has not been diagnosed with a seizure disorder.

AUBAGIO

Please submit a copy of the following test results obtained within the past 6 months:

- CBC
Liver Transaminase and serum bilirubin
Blood pressure
baseline tuberculosis test result

If test is positive:

- Has patient been evaluated for latent tuberculosis before initiating Aubagio therapy?
If female patient of childbearing potential, patient has agreement to use effective contraception during Aubagio treatment?
Is patient currently receiving an ABCR drug or other immunosuppressant therapy?
Is patient currently on a leflunomide treatment?

FOR RE-AUTHORIZATION

- Patient is tolerating medication without any adverse effects
Please submit updated lab values and test results
Provide documentation of patient response

AVONEX /GLATIRAMER /PLEGRIDY/ REBIF/ GLATOPA/ EXTAVIA/ COPAXONE

- Is patient receiving concurrent fingolimod therapy?
-For Glatopa
Has patient tried and failed glatiramer?
Does patient have a contraindication to glatiramer?
If yes, please explain:

DIMETHYL FUMERATE OR TECFIDERA

Please submit a copy of the following test results obtained within the past 6 months prior to starting therapy:

- Baseline CBC including lymphocyte count
Baseline AST, ALT, alkaline phosphatase and total bilirubin

FOR RE-AUTHORIZATION

- Please provide documentation of patient response to therapy
Patient is tolerating medication without any adverse effect
Provide updated CBC including lymphocyte count

KESIMPTA

- Has the patient undergone screening for Hepatitis B virus (HBV) and quantitative serum immunoglobulins and there is no active infection?
Will patient receive live-attenuated or live vaccines during treatment and after discontinuation until B-cell repletion?
Female patients of reproductive potential are not pregnant and have been advised to use effective contraception during treatment with Kesimpta and for 6 months after the last treatment of Kesimpta?

FOR RE-AUTHORIZATION

- Please provide documentation of patient response to therapy
Patient is tolerating medication without any adverse effects

GILENYA

Please submit a copy of the following test results:

- CBC (obtained within the past 6 months)
- Liver Transaminase
- Serum bilirubin
- Has patient had a baseline ophthalmologic exam? Yes No
- Does patient have varicella zoster virus immunity? Yes No
- Will and ECG be obtained prior to dosing and at end of observation period? Yes No
- Is patient currently receiving an ABCR drug or other immunosuppressant therapy? Yes No
(*Cellcept, Azathioprine, mercaptopurine, methotrexate*)
- If patient was receiving Tysabri, has at least a 6-month washout period elapsed? Yes No

-For pediatric patients:

- Has patient completed all immunizations in accordance with current immunization guidelines? Yes No

-For women of childbearing potential:

- Does patient agree to use effective contraception during and for two months after stopping Gilenya treatment? Yes No

- Will the first dose be administered in the MD office and patient will be observed for at least 6 hours to monitor for bradycardia? Yes No

FOR RE-AUTHORIZATION

- Patient is tolerating medication without any adverse effects.
- Please submit updated lab values/test results/exams with current values
- Please provide documentation of patient response

OTHER

NAME: _____

OCREVUS

- Ocrevus will be used as monotherapy (not used in combination with other disease-modifying MS therapies) Yes No
- Documentation submitted confirming that patient has had Hepatitis B virus (HBV) screening.
- Will patient receive live-attenuated or live vaccines during treatment and after discontinuation until B-cell repletion? Yes No
- Patient does not have an active infection and documentation submitted by the health care provider that they will assess the patient for active infection prior to each infusion of Ocrevus Yes No
- Will the infusion be administered under the close supervision of an experienced healthcare professional with access to appropriate medical support to manage severe reactions such as serious infusion reactions? Yes No

FOR RE-AUTHORIZATION

- Provide documentation of patient response
- Is patient tolerating medication without any adverse effects? Yes No

ZEPOSIA

Please submit a copy of the following test results:

- Complete Blood Count (CBC) including lymphocyte count
- Electrocardiogram (ECG)
- Liver function tests (AST, ALT, bilirubin)
- Ophthalmic assessment in patients with history of uveitis or macular edema
- Varicella zoster virus (VZV) antibody test
If negative, has VZV vaccine been administered? Yes No
- Females of childbearing potential have been advised of the potential for a serious risk to the fetus and the need to use effective contraception during treatment and for 3 months after stopping Zeposia? Yes No

FOR RE-AUTHORIZATION

- Patient has a documented response to therapy or maintenance of symptoms and is not experiencing any disease progression
- Patient is not experiencing any unacceptable toxicity from the medication