

Aetna Better Health®

**Fax completed prior authorization request form to** 844-802-1412 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. Incomplete forms or forms without the chart notes will be returned

Pharmacy Coverage Guidelines are available at <a href="https://www.aetnabetterhealth.com/Illinois-medicaid">https://www.aetnabetterhealth.com/Illinois-medicaid</a>

## **Multiple Sclerosis Agents**

## **Pharmacy Prior Authorization Request Form**

Do not copy for future use. Forms are updated frequently.

Member Information	- 12			-					0.1									
Member Name (first & last):					ate of Bir	th:			_	Gende		F		Height:				
Member ID:					ity:				□ State:	Male		Female		Weight:				
					ity.				State.					veig	III.			
Prescribing Provider Inf		ation							NIDI //				A //					
Provider Name (first & las	St):			5	pecialty:				NPI#			DE	A#	#				
Office Address:					ity:			:	State:			Zip	Cod	Code:				
Office Contact:							Office Ph	one				Office Fax:						
Dispensing Pharmacy In	nform	nation	1															
Pharmacy Name:							Pharmac	y Phon	e:		Pha	armacy	Fax:					
•																		
Requested Medication I	nfor	matio	n															
Preferred Agents:		Cop	axone		Tecfidera													
Non-Preferred Agents:		Glat	iramer		☐ Aubagio		l Avone:	κ		Extavia	tavia 🗆		vus	ıs 🗆 V		/umerity		
Acetate			_	, tabagio		, , , , , , , , , , , , , , , , , , , ,	`					• 40			u	٠,		
				Glatopa		Rebif /			Betaseron		Plegr	idy			Mavencla			
		Lem	itrada		Mayzent				ne 🗆 Tysabri									
Other, please specify:						1				,								
Medication request is NC	T for	an FΓ	)A appro	oved C	)R	ı	CD-10 Co	qe.			Dia	gnosis:						
compendia supported diagnosis (circle one): Yes											go.o.							
What medication(s) have					diagnosis	?												
Are there any contraindic	eation	ns to fo	ormularv	, medi	cations?							Yes		N		Initia		
If yes, please specify:	Jacioi	10 10 10	orriada y	riioa	oduono.							100	_	0	_	requ		
☐ Continuation of ONLY:	the	rapy					reatment . NC, ECG)?		o serio	ous toxicity A	AS re	sult of		Yes	3		No	
Directions for Use:						eng					Dos	sage Fo	rm:					
					Qu	ant	ity:	Da	Day Supply:			Duration of Therapy/Use:						
Turn-Around Time for R	eviev	N																
□ Standard - (24 hours	s)			1	_	h, oı	ability to			a standard de num function				-				
					Signa	ıture	ə:											
Clinical Information																		
Will other disease modify	ving N	/IS the	erapies (r	not inc	luding Ar	npy	ra) be disc	continu	ed OR	have been d	liscor	ntinued?	, [	Y	'es		No	
INJECTABLE AGENTS								_	_			_						
		(20m	ng etate)		Extavia beta-1b	•	erferon		Avonex eta-1a	(interferon		Rebif beta-		idos	e (int	erferc	n	
Does member have clinic suggestive of MS (experi-	cally i	solate	ed syndro		□ Y	es	□ No	Is dia	agnosi	າ s of relapsino remitting OR		n of MS	<del>- 1</del>	□ Y	'es		No	

7 11 12 11d1 0 1111 11 10 d1 td.	AND have MRI features consistent with MS)?						secondary progressive N								
☐ Betaseron (Interferon beta-1b)							Plegridy (peg-interfero	n beta-1	la)						
Does member have o	clinically isolated syndr	ome		Yes		No	Is diagnosis of relapsing	form of	MS		Yes	. [	l No		
suggestive of MS (experienced 1st clinical episode							(relapsing-remitting OR	active							
AND have MRI featur	es consistent with MS	)?					secondary progressive N	MS)?							
Was there inadequat	e response, intolerable	side eff	ect C	R cont	raind	licatio	on with TWO formulary ag	ents, ON	VE of		Yes		l No		
which was an interfe	ron OR glatiramer acet														
ORAL AGENTS															
☐ Aubagio															
Does member have o	clinically isolated syndr	ome		Yes		No	Is diagnosis of relapsing	form of	MS		Yes	;   <u>C</u>	l No		
suggestive of MS (ex					(relapsing-remitting OR	active									
AND have MRI featur					secondary progressive N	MS)?									
Is member FEMALE of reproductive potential?				Yes		No	Is member pregnant?		es/		No		N/A		
Will member be using effective contraception durin				atment	?		<u>I</u>		es/		No		N/A		
The following LABS h	ave been completed v	vithin las	t SIX	month	s:		CBC 🔲 LFTs and bil	irubin		Tube	rculin	skin	test		
☐ Gilenya															
	clinically isolated syndr	ome		Yes		No	Is diagnosis of relapsing	form of	MS		Yes		l No		
	perienced 1st clinical e						(relapsing-remitting OR								
	es consistent with MS						secondary progressive N								
The following LABS h	ave been	□ СВС	1	□ L	FTsa	nd	☐ Electrocardiogram			phthalmic					
completed within the				biliru			3			examination					
Documented history		□ Ch	nicker	_			☐ Varicella zoster vacci	☐ Evidence of immunity							
following:											antibo		•		
Documented	☐ MI, unstable angir	a. stroke	e. TIA				☐ History of Mobitz type II	(2 <sup>nd</sup> OR	-						
history of ANY of	decompensated HF r				tion		sick sinus syndrome, unles			_					
the following:	OR class III/IV HF wit		-				,								
	☐ Corrected QTc ≥5						☐ Treatment with Class Ia	OR Clas	ss III a	ınti-a	rrhvth	mic d	druas		
□ Movement															
☐ Mayzent	المنام والمنام والمنام			Vaa		Na		fa of	. MC		Vac		1 No		
	clinically isolated syndr perienced 1 <sup>st</sup> clinical e <sub>l</sub>			Yes		No	Is diagnosis of relapsing		IVIO		Yes		l No		
	res consistent with MS						(relapsing-remitting OR secondary progressive N								
	for CYP2C9 variants to			Yes		No	Is member positive for	vio):			Yes	. [	l No		
		,		163		NO	CYP2C9*3/*3?				163	`	1 110		
determine CYP2C9 genotype?															
The following LARS h		П		ETcar	h					)nhth	almic				
The following LABS h	ave been	CBC		_FTs ar	nd		☐ Electrocardiogram			•	almic	ı			
The following LABS I completed within las	ave been	□ CBC		_FTs ar rubin	nd					Ophth mina					
completed within las	nave been t SIX months:	СВС	bilir	rubin	nd		☐ Electrocardiogram	nation	exai	mina <sup>·</sup>	tion	imm	unity		
completed within las	nave been t SIX months:		bilir	rubin	nd ——			nation	exa	mina wide	tion nce of		-		
completed within las  Documented history following:	of ONE of the	CBC	bilir icker	rubin n pox	nd		☐ Electrocardiogram ☐ varicella zoster vacci		exa	nina wider	tion nce of antibo	dies	)		
Documented history following:  Documented history	of ONE of the	CBC	bilinicker	rubin n pox TIA,		nn	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type	e II (2 <sup>nd</sup> (	exal	mina evider sitive	tion nce of antibo	dies bloo	k) OR		
Documented history following:  Documented history of ANY of the	of ONE of the  MI, unstable ar decompensated I	CBC ☐ ch ngina, str	bilinicker	rubin n pox TIA, nospital	lizatio	on	☐ Electrocardiogram ☐ varicella zoster vacci	e II (2 <sup>nd</sup> (	exal	mina evider sitive	tion nce of antibo	dies bloo	k) OR		
Documented history following:  Documented history of ANY of the following:	of ONE of the	CBC ☐ ch ngina, str	bilinicker	rubin n pox TIA, nospital	lizatio	on	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type	e II (2 <sup>nd</sup> (	exal	mina evider sitive	tion nce of antibo	dies bloo	k) OR		
Documented history following:  Documented history of ANY of the following:  Mayenclad	of ONE of the  MI, unstable ar decompensated IOR class III/IV HF	CBC □ ch ngina, str HF requir within pa	bilin icker roke, ring h	rubin n pox TIA, nospita X mon	lizatic ths		☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un	e II (2 <sup>nd</sup> ( less me	exal	mina evider sitive degr	nce of antibo ree AV	dies bloc aker	) ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of	of ONE of the  MI, unstable ar decompensated I OR class III/IV HE	CBC changina, strate require within particular come	bilinicker	rubin n pox TIA, nospital	lizatio	on No	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing	e II (2 <sup>nd</sup> ( less me	exal	mina evider sitive	tion nce of antibo	dies bloc aker	) ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (ex	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilin icker roke, ring h	rubin n pox TIA, nospita X mon	lizatic ths		☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR	e II (2 <sup>nd</sup> (less me	exal	mina evider sitive degr	nce of antibo ree AV	dies bloc aker	) ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND) have MRI features.	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilinicker	TIA, nospita X mon	lizatio ths	No	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N	e II (2 <sup>nd</sup> ( less me form of active MS)?	exal	mina evider sitive degr has r	nce of antibo ree AV pacem	odies bloc naker	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilin icker roke, ring h	rubin n pox TIA, nospita X mon	lizatic ths		☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N Is member infected with	form of active MS)?	exal	mina evider sitive degr	nce of antibo ree AV	odies bloc naker	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within obtained prior to stars	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilinicker	TIA, nospita X mon	lizatio ths	No	☐ Electrocardiogram  ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive Notes to the secondary progressive Notes to the secondary progressive Notes active chronic infect	form of active MS)?	exai	mina evider sitive degr has r	nce of antibo ree AV pacem	odies bloc naker	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilinicker	TIA, nospita X mon	lizatio ths	No	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N Is member infected with	e II (2 <sup>nd</sup> (less me form of active MS)?  HIV ANtions is) OR is	exai	mina evider sitive degr has r	nce of antibo ree AV pacem	odies bloc naker	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within obtained prior to stars)	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC  changina, strate requirements within particular come coisode	bilinicker	TIA, nospita X mon	lizatio ths	No	☐ Electrocardiogram ☐ varicella zoster vacci ☐ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N Is member infected with has active chronic infect (hepatitis OR tuberculos)	e II (2 <sup>nd</sup> () less me form of active MS)? I HIV AN tions is) OR is	exai	mina evider sitive degr has r	nce of antibo ree AV pacem	odies bloc naker	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within obtained prior to starrisk of PML?	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	cBC changina, strate requirements within particular come coisode produced	bilinicker	TIA, nospita X mon	lizatio ths	No	□ Electrocardiogram □ varicella zoster vacci □ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive M Is member infected with has active chronic infect (hepatitis OR tuberculos breastfeeding (during tre	e II (2 <sup>nd</sup> () less me form of active MS)? I HIV AN tions is) OR is	exai	mina  evider sitive  degree has p	ree AV pacem Yes	odies / bloodies is   C	ck) OR		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within obtained prior to starrisk of PML?	of ONE of the  MI, unstable ar decompensated I OR class III/IV HF	CBC changina, strate requirements within particular come coisode produced control cont	bilin icker	TIA, nospital X mon Yes Yes	dization this	No No	□ Electrocardiogram □ varicella zoster vacci □ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N Is member infected with has active chronic infect (hepatitis OR tuberculos breastfeeding (during tre for 10 days after last dos	form of active MS)? HIV ANtions is) OR is eatmented;	exai	mina evider sitive degree has p	ree AV pacem Yes	odies block	) ck) OR I No		
Documented history following:  Documented history of ANY of the following:  Mavenclad  Does member have of suggestive of MS (extended AND have MRI feature)  Was baseline (within obtained prior to starrisk of PML?	ave been t SIX months:  of ONE of the  MI, unstable ar decompensated I OR class III/IV HF clinically isolated syndroperienced 1st clinical epersonsistent with MS 3 months) MRI scanting treatment course	CBC  changina, strate requirements of the come of the come of the company of the	bilin icker	TIA, nospital X mon Yes Yes	dization this	No No	□ Electrocardiogram □ varicella zoster vacci □ History of Mobitz type sick sinus syndrome, un  Is diagnosis of relapsing (relapsing-remitting OR secondary progressive N Is member infected with has active chronic infect (hepatitis OR tuberculos breastfeeding (during tre for 10 days after last dos	form of active MS)? HIV ANtions is) OR is eatmente)?	exai	mina  evider sitive degraphes p	ree AV pacem Yes	odies block	l No		

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Does member have clinically is		⊔ Y	es	ш	No	Is diagnosis of re			ш	Yes	ш	No			
suggestive of MS (experienced 1st clinical episode AND have MRI features consistent with MS)?								(relapsing-remitt							
The following LABS have been completed within las					t SIX months:			secondary progressive MS)?  □ CBC □ LFTs			and bilirubin				
INFUSIONS															
□ Ocrevus															
Was member screened for Hepatitis B? ☐ Ye					No	D	Does member have active Hepatitis B ☐ Yes ☐								
			. 00	-			nfect				. 00	_	No		
Does member have clinically isolated \( \square\)					No			gnosis of relapsing	S		Yes		No		
syndrome suggestive of MS				_	.,,		(relapsing-remitting OR active secondary						_	110	
(experienced 1st clinical episode AND								essive MS)?	,						
have MRI features consistent with MS)?							, ,								
Is diagnosis of Primary-Progressive					No	V	Vas t	here inadequate r	esponse, ir	ntolerable		Yes		No	
Multiple Sclerosis?							ide e	effect OR contraind	dication to	TWO					
							formulary agents, one of which must be an								
						ir	nterf	eron OR glatirame							
□ Lemtrada															
Is diagnosis of relapsing form of	of MS			Yes		No	W	ill treatment excee	ed FIVE day	s the first		Yes		No	
(relapsing-remitting OR active	secondary						ye	ear, AND THREE days the 2nd		year?					
progressive MS)?															
Is member infected with HIV?				Yes		No									
The following been	□ CBC					Nece	essar	y immunizations		□ Ser	rum creatinine levels				
completed prior to starting	icella	OR v	arice	lla zos	ster \	vaccination OR evi	dence of ir	of immunity (positive antibodies)							
treatment?		TB. If screening was positive, treatment wa											-		
	□ Screen	ea for	18.11	scree	ening	y was	posii	live, treatment was	s received	_	roia	functio	n tes	Į.	
□ Tysabri															
Does member have clinically isolated syndrome  Yes							No					Yes		No	
suggestive of MS (experienced			.e					MS (relapsing-	_						
AND have MRI features consis		-					secondary progressive MS)?								
Was anti-JCV antibody test (El	.ISA [enzym	e-link	ed im	nmund	osork	ent a	ssay	]) completed?				Yes		No	
☐ Mitoxantrone															
Member has ANY ☐ Wors	ening relap	sing-r	emitt	ing M	S to		, ,						ary		
_	ce neurolog		-		OR/		(chronic) relapsing MS progressive							e e	
· · · · · · · · · · · · · · · · · · ·	ency of clin	ical re	lapse	9		_	progressive MS MS								
Was cumulative lifetime dose							Yes	-							
The following labs have been o	ompleted w	ithin l	ast SI	IX			□ LVEF >50% (not below lower □ ANC >1500 c						nm3		
months:								normal)							
							□ CBC □ LFTs								
Additional information the pr	escribing p	rovide	er fee	els is i	mpo	rtant t	to th	is review. Please	specify be	elow or sub	mit	medica	al rec	ords	
-															
Signature affirms that information given on this form is true and accurate and reflects office notes.															
Prescribing Provider's Signat	uro.								Data						
FIGSCIDING FIDVIDERS SIGNAL	ui <del>c</del>								Date:						

## Please note: Incomplete forms or forms without the chart notes will be returned

Office notes, labs, and medical testing relevant to the request that show medical justification are required. Standard turnaround time is 24 hours. You can call 866-329-4701 to check the status of a request.