Pharmacy Prior Authorization

AETNA BETTER HEALTH ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

MS Agents (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois at **1-844-242-0908**.
When conditions are met, we will authorize the coverage of Aranesp (Medicaid).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name

Please specify_____

Quantity _____ Frequency _____ Strength _____

Route of Administration _____ Expected Length of therapy _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis:_____ ICD Code:_____

Please circle the appropriate answer for each question.

1. Is the requested drug prescribed by or in consultation with a neurologist? Y N

   [If no, then no further questions.]

2. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

   [If no, skip to question 15.]

3. Is the patient having a positive clinical response to the medication? Y N

   [If no, then no further questions.]

4. Is the renewal for Tysabri? Y N

[If yes, then no further questions.]

5. Is the renewal for Aubagio? Y N

   [If no, skip to question 7.]

6. Has the patient had a CBC, LFT's, and bilirubin that are within normal limits since starting Aubagio? Y N

   Please document lab results and date (or submit labs with request):

   _____

   [No further questions.]

7. Is the renewal for Tecfidera? Y N

   [If no, skip to question 9.]

8. Has the patient had a CBC that was within normal limits since starting Tecfidera? Y N

   Please document lab result and date (or submit labs with request):

   _____

   [No further questions.]

9. Is the renewal for Gilenya? Y N

   [If no, skip to question 12]

10. Has the patient had a CBC, LFT's, and bilirubin that are within normal limits since starting Gilenya? Y N

    Please document lab results and date (or submit labs with request):

    _____

    [If no, then no further questions.]

11. Has the patient had a normal EKG and ophthalmic examination since starting Gilenya? Y N

    Please document date of EKG and eye exam (or submit clinical documentation with request):

    _____

    [No further questions.]

12. Is the renewal for Lemtrada? Y N

[If no, skip to question 14.]

13. Has the patient received more than 2 years of treatment with Lemtrada? Y N

    If yes, please provide rationale for continued treatment:

    _____

    [No further questions]

14. Is the renewal for mitoxantrone? Y N

    [If no, then no further questions.]

    [If yes, skip to question 21.]

15. Is this a request for mitoxantrone? Y N

    [If no, skip to question 25.]

16. Does the patient have a diagnosis of relapsing-remitting multiple sclerosis (RRMS)? Y N

    [If no, skip to question 18.]

17. Has the patient had an inadequate response, intolerable side effects, or has a contraindication to 2 formulary agents, one of which must be a formulary interferon or glatiramer acetate agent? (see formulary for a list of preferred agents) Y N

    List medications tried and description of failure:

    _____

    [If no, no further questions.]

    [If yes, skip to question 19]

18. Does the patient have a diagnosis of secondary (chronic) progressive MS (SPMS) or progressive relapsing MS (PRMS)? Y N

    [If no, then no further questions]

19. Will all other multiple sclerosis medications (not including Ampyra) be discontinued before starting mitoxantrone? Y N

    [If no, then no further questions.]

20. Is the patient at least 18 years old? Y N

    [If no, then no further questions.]

21. Has the patient received a cumulative lifetime dose of 140mg/m2? Y N

    [If yes, then no further questions.]

22. Has the patient had an ECHOcardiogram (EKG) and a CBC within the past 6 months? Y N

    [If no, then no further questions.]

23. Was the LVEF (left ventricular ejection fraction) less than 50%? Y N

    [If yes, then no further questions.]

24. Did the CBC show an ANC less than 1500 cells/mm3? Y N

    [No further questions.]

25. Does the patient have a diagnosis of relapsing-remitting multiple sclerosis? Y N

    [If yes, skip to question 27.]

26. Is this a request for Copaxone, Glatopa, or Extavia for a diagnosis of clinically isolated syndrome suggestive of multiple sclerosis (i.e. persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)? Y N

    [If yes, skip to question 44.]

    [If no, then no further questions.]

27. Is the request for a formulary injectable agent? (refer to formulary for a list of formulary agents) Y N

    [If yes, skip to question 44.]

28. Is the request for a non-formulary injectable agent? Y N

    [If no, skip to question 35.]

29. Is the request for Avonex, Betaseron, Plegridy or Zinbryta? Y N

    [If yes, skip to question 43.]

30. Is the request for Lemtrada? Y N

    [If no, skip to question 33.]

31. Does the patient have HIV infection? Y N

[If yes, no further questions.]

32. Has the patient already received a 2 year course of therapy with Lemtrada? Y N

[If yes, no further questions.]

[If no, skip to question 43.]

33. Is the request for Tysabri? Y N

[If no, then no further questions.]

34. Has an anti-JCV antibody test (ELISA) been completed? Y N

Note: Those with positive anti-JCV antibody have a higher risk for developing progressive multifocal leukoencephalopathy (PML).

[Go to question 43.]

35. Is the request for Aubagio? Y N

[If no, skip to question 37.]

36. Have all of the following labs been completed within the last 6 months: A) Complete blood count (CBC) that is within normal limits, B) Liver function tests (LFTs) and bilirubin levels that are within normal limits, C) Negative pregnancy test if female, and D) Negative tuberculin skin test for latent TB Y N

[If yes, skip to question 44.]

[If no, no further questions.]

37. Is the request for Gilenya? Y N

[If no, skip to question 41.]

38. Have all of the following labs been completed within the last 6 months: A) Complete blood count (CBC) that is within normal limits, B) Liver function tests (LFTs) and bilirubin levels that are within normal limits, C) Negative pregnancy test if female, D) EKG evaluation that is within normal limits, and E) Normal ophthalmic examination Y N

[If no, no further questions.]

39. Does the patient have a confirmed history of chicken pox OR vaccination for the varicella zoster virus OR lab testing confirming varicella antibodies? Y N

[If no, then no further questions.]

40. Has the patient experienced any of the following within the last 6 months: A) myocardial infarction, B) unstable angina, C) stroke, or D) TIA (transient ischemic attack) Y N

[If yes, then no further questions.]

[If no, skip to question 44.]

41. Is the request for Tecfidera? Y N

[If no, then no further questions.]

42. Has the patient had a normal complete blood count within the past 6 months? Y N

[If yes, skip to question 44.]

[If no, no further questions.]

43. Has the patient had an inadequate response, intolerable side effects, or has a contraindication to 2 formulary agents, one of which must be a formulary interferon or glatiramer acetate agent? (see formulary for a list of preferred agents) Y N

List medications tried and description of failure:

_____

[If no, then no further questions.]

44. Will all other multiple sclerosis medications (not including Ampyra) be discontinued before starting the requested medication? Y N

[If no, then no further questions]

45. Is the patient at least 18 years old (or 17 years old for Lemtrada)? Y N

Comments:

_____

_____

I affirm that the information given on this form is true and accurate as of this date.

_____

Prescriber (Or Authorized) Signature Date