



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Multiple Sclerosis Agents Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
<p>Continuation of therapy: Is this a continuation of prior therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" to the above question, please submit documentation (e.g., medical records, chart notes, pharmacy claims) or provide the dates, duration, and previous regimen used below: (REQUIRED)</p> <hr/>					
<p>Select the diagnosis below:</p> <input type="checkbox"/> Relapsing form of multiple sclerosis <input type="checkbox"/> Treatment to improve walking in patients with multiple sclerosis [Ampyra only] <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<p>Prescriber's Specialty: Is the requested medication prescribed by a neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Clinical Information: Is there presence of contraindications or absolute drug interactions with existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>For Betaseron, also answer the following: Is there documentation the patient has had failure, contraindication, or intolerance to Extavia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>For Mavenclad or Mayzent, also answer the following: Select if there are chart notes documenting the patient has had trial and failure of the following: <input type="checkbox"/> Glatiramer <input type="checkbox"/> Interferon</p>					
<p>For Tecfidera, also answer the following: Is there documentation the patient has had trial and failure to Copaxone or interferon therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>For Tysabri, also answer the following: Is the patient enrolled in the Tysabri Touch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation the patient has a negative anti-JVC antibody test? <input type="checkbox"/> Yes <input type="checkbox"/> No Select if there is documentation the patient has the following: <input type="checkbox"/> Inadequate response to interferon beta or glatiramer acetate <input type="checkbox"/> Aggressive disease course <input type="checkbox"/> Intolerance to interferon beta or glatiramer acetate</p>					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: MultipleSclerosis_GoldCoast_2019Aug-W



Multiple Sclerosis Agents Prior Authorization Request Form (Page 2 of 2)

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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.