

State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
MS AGENTS – INTERFERONS/NON-INTERFERONS

Phone: 1-888-445-0497

www.mainearepdl.org

Fax: 1-888-879-6938

Member ID #: _____ Patient Name: _____ DOB: _____
(NOT MEDICARE NUMBER)

Patient Address: _____

Provider DEA: _____ Provider NPI: _____

Provider Name: _____ Phone: _____

Provider Address: _____ Fax: _____

Pharmacy Name: _____ Rx Address: _____ Rx phone: _____

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: _____ NABP: _____ NDC: _____

Extavia will only be approved if Betaseron is unavailable.

<u>Drug Name</u> (Step therapy)	<u>Strength</u>	<u>Dosage</u> <u>Instructions</u>	<u>Quantity</u>	<u>Days Supply</u> (34 retail / 90 mail order)	<u>Refills</u>
<input type="checkbox"/> AVONEX (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> AUBAGIO (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> BETASERON (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> COPAXONE (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> GILENYA (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> REBIF (5)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> TYSABRI (6)	_____	_____	_____	_____	1 2 3 4 5
(Providers must be enrolled in TOUCH prescribing program)					
<input type="checkbox"/> PLEGRIDY (8)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> GLATOPA (8)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> ZINBRYTA (8)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> AMPYRA (8)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> EXTAVIA(8)	_____	_____	_____	_____	1 2 3 4 5
<input type="checkbox"/> OTHER	_____	_____	_____	_____	1 2 3 4 5

Medical Necessity Documentation Required: (Please indicate appropriate clinical presentation and submit appropriate documentation requested.)

Clinical Presentation:

- 2 or more attacks (relapses) AND 2 or more objective clinical lesions
 Clinical evidence will suffice (additional evidence desirable but must be consistent with MS)
- 2 or more attacks AND 1 objective clinical lesion
 Dissemination in space, demonstrated by:
 - MRI
 - Or a positive CSF and 2 or more MRI lesions consistent with MS
 - Or further clinical attack involving different site
- 1 attack AND 2 or more objective clinical lesion
 Dissemination in time, demonstrated by:
 - MRI
 - Or second clinical attack
- 1 attack AND 1 objective clinical lesion (monosymptomatic presentation)

Please complete both pages of this PA request

- Dissemination in space by demonstrated by:
 - MRI
 - Or positive CSF and 2 or more MRI lesions consistent with MS
- AND** Dissemination in time demonstrated in time demonstrated by:
 - MRI
 - Or second clinical attack

5. Insidious neurological progression suggestive of MS (primary progressive MS)
- Positive CSF
 - AND** Dissemination in space demonstrated by:
 - MRI evidence of 9 or more T2 brain lesions Or 2 or more spinal cord lesions
 - Or 4-8 brain and 1 spinal cord lesion Or positive VEP with 4-8 MRI lesions
 - Or positive VEP with <4 brain lesions plus 1 spinal cord lesion
 - AND** Dissemination in time demonstrated by:
 - MRI
 - Or continued progression for 1 year

What Is An Attack?

- Neurological disturbance of kind seen in MS
- Subjective report or objective observation
- 24 hours duration, minimum
- Excludes pseudoattacks, single paroxysmal episodes

Determining Time Between Attacks

- 30 days between onset of event 1 and onset of even 2

How Is "Abnormality" In Paraclinical Tests Determined?

- Magnetic resonance imaging (MRI)** Three out of four:
 - 1 Gd-enhancing or 9 T2 hyperintense lesions if no Gd-enhancing lesion
 - 1 or more infratentorial lesions
 - 1 or more juxtacortical lesions
 - 3 or more periventricular lesions

(1 spinal cord lesion = 1 brain lesion)

- Cerebrospinal fluid (CSF)**
 - Oligoclonal IgG bands in CSF (and not serum)
 - Or elevated IgG index
- Evoked potentials (EP)**
 - Delayed but well-preserved wave form

What Provides MRI Evidence Of Dissemination In Time?

- A Gd-enhancing lesion demonstrated in a scan done at least 3 months following onset of clinical attack at a site different from an attack,
- OR**
- In absence of Gd-enhancing lesions at 3 month scan, follow-up scan after an additional 3 months showing Gd-lesion or new T2 lesion.

Please complete both pages of this PA request

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ Date of Submission: _____
*MUST MATCH PROVIDER LISTED ABOVE

Please complete both pages of this PA request