



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 Phone, Office Fax Number, Allergies, Office Contact, Is patient self-injecting?, Office Specialty

DRUG SELECTION AND STATEMENT OF MEDICAL NECESSITY

AUTHORIZATION RE-AUTHORIZATION

Primary Diagnosis: RRMS SPMS PPMS PRMS

Prior Treatments:

ICD10 Code:

Current Treatments:

Will patient be discontinuing current treatments? Yes No

Dose: Frequency:

AMPYRA

- Timed 25 foot walk: ft/sec. Date:
Submission of Serum Creatinine Test Results Date:
Patient is not wheelchair bound and is able to ambulate with or without use of a walking device
Patient does not have a history of seizure disorder.

AUBAGIO

- Is patient currently receiving an ABCR drug or other immunosuppressant therapy? Yes No
Cellcept, Azathioprine, mercaptopurine, methotrexate
Is patient currently on a leflunomide treatment? Yes No
Current Blood Pressure:
Submission of CBC Test Results Date:
Submission of Liver Transaminase Results Date:
Submission of Serum bilirubin Test Results Date:
Submission of TB Test Results Date:
For women of childbearing potential, agreement to use effective contraception? Yes No

AVONEX

COPAXONE

EXTAVIA

GLATIRAMER

GLATOPA

GILENYA

- First dose administration and observation for at least 6 hours after to monitor for bradycardia.
Submission of CBC Test Results Date:
Submission of Liver Transaminase Results Date:
Submission of Serum bilirubin Test Results Date:
All immunizations up to date
Submission of baseline ophthalmologic exam
Documentation that ECG will be obtained prior to dosing and at end of observation period
Evidence of the varicella zoster virus immunity
Patient is not currently receiving ABCR or immunosuppressant therapy (Cellcept, Azathioprine, mercaptopurine, methotrexate)
If received Tysabri at least a 6 month washout period has elapsed.
For women of childbearing potential, agreement to use effective contraception? Yes No

OCREVUS

- Submission of negative HBsAg Results Date:
No active infection/Ongoing monitoring for infection
Infusion administered by experienced healthcare professional

PLEGRIDY

REBIF

TECFIDERA

- Submission of CBC Test Results Date:
Submission of Baseline AST Results Date:
Submission of ALT alkaline phosphatase (ALP) Result Date:
Submission of total bilirubin Date:

OTHER

NAME:

Re-Authorization:

- Patient is tolerating medication without any adverse effects.
Please submit updated lab results with current values