PRIOR AUTHORIZATION FORM
Mavenclad - Medicare

Unless otherwise indicated below, authorization quantities are limited to the manufacturer recommended dosage

selecthealth ADVANTAGE
P.O. Box 30196
Salt Lake City, UT 84130-0196
SELECTHEALTHADVANTAGE.ORG

Complete online at www.selecthealth.org/pa or fax back to: 801-442-0413
For questions or clarifications, call: 801-442-9988 or 855-442-9988

Patient Information	
Patient's Name:	Patient's Date of Birth:
Patient's ID:	Patient's Phone #:
Diagnosis Code(s):	
Requesting Provider Information	
Name:	Phone #:
NPI/DEA:	Fax #:
Address:	Supervising Physician (if requesting provider bills under a different provider)
	Name:
	NPI/DEA:
Servicing Provider Information (if different than requesting provider)	
Name of provider or facility:	Phone number:
NPI/DEA:	Address:

Drug Name and Strength:	Directions / SIG:
☐ Urgent Request (24 hours)	☐ Standard Request (72 hours)

Q1. Is this a reauthorization request?
☐ Yes ☐ No

Q2. What is the patient's diagnosis?
☐ Relapsing-remitting multiple sclerosis (RRMS)
☐ Secondary progressive multiple sclerosis (SPMS)
☐ Other

Q3. If other, please specify:

Q4. Is the prescribing physician a neurologist?
☐ Yes ☐ No

Q5. Has the patient been compliant on TWO of the following preferred MS drugs? Please check all that apply:

- ☐ Gilenya
- ☐ Glatiramer acetate
- ☐ Plegridy
- ☐ None of the above

Q6. Will Mavenclad be used as monotherapy?

☐ Yes ☐ No

Q7. Is the patient 18 years or older?

☐ Yes ☐ No

Q8. Has the patient had a recent CBC (within the previous 6 months)?

☐ Yes ☐ No

Q9. Has the patient had a liver function test within the previous 6 months?

☐ Yes ☐ No

Q10. For reauthorization, has the patient had a recent CBC (within the previous 6 months)?

☐ Yes ☐ No

Q11. Is the lymphocyte count at least 800 cells per microliter before initiating the second treatment course?

☐ Yes ☐ No

Q12. Additional comments:

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-0413. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

Prescriber Signature

Date