

PRIOR AUTHORIZATION FORM

Mavenclad - Commercial

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



a service of selecthealth.

P.O. Box 30192 Salt Lake City, UT 84130

Complete online at www.selecthealth.org/pa or fax back to: 801-650-3279

For questions or clarifications, call: 800-442-3129

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:
-------------------------	-------------------

Q1. Is this a reauthorization request?

 Yes No

Q2. What is the patient's diagnosis?

- Active secondary progressive multiple sclerosis (aSPMS)
- Clinically isolated syndrome (CIS)
- Relapsing-remitting multiple sclerosis (RRMS)
- Other

Q3. If other, please specify:

Q4. Will Mavenclad be used in combination with another multiple sclerosis (MS) disease modifying therapies (e.g., dimethyl fumarate, Ocrevus, Tysabri, etc.)?

 Yes No

Q5. Has a differential diagnosis of other neuroinflammatory disease (e.g neuromyelitis optica) been excluded?

Yes

No

Q6. Does the patient's treatment plan contain a combination with another biologic medication, Janus kinase (JAK) inhibitor or Otezla?

Yes

No

Q7. Was the patient's diagnosis of RRMS supported by the 2017 McDonald diagnostic criteria?

Please select the appropriate diagnostic finding below based on the number of attacks, number of lesions, and additional clinical criteria needed:

Two attacks PLUS two lesions on MRI

Two attacks, one lesion, and evidence of dissemination in space on MRI

One attack, two lesions, and evidence of dissemination in time on MRI

One attack, one lesion, and evidence of dissemination in space AND time on MRI, OR demonstration of CSF-specific oligoclonal bands

One attack, one lesion, and evidence of dissemination in space on MRI AND demonstration of CSF-specific oligoclonal bands

None of the above

Q8. For new starts, have the MRI findings been reviewed and interpreted by a radiologist to confirm the diagnosis and findings?

Please note: MRI and radiologist interpretation must be submitted

Yes

No

Q9. Has the patient been compliant on one of the following preferred generic MS drugs?

Dimethyl fumarate

Fingolimod

Glatiramer acetate (Glatopa)

Teriflunomide

None of the above

Q10. Chart Notes are required for the request of this medication. Failure to provide chart notes will result in a delay in decision and/or denial. Did you attach relevant chart notes?

Yes

No

Q11. Additional comments:

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-650-3279. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

Prescriber Signature

Date

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document