

# UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

## REQUEST FOR MS BIOLOGICS for Non-Traditional Clients

(Avonex, Betaseron, Copaxone, Rebif, Extavia)

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED  
FORM TO 855-828-4992 note the new fax number**

### CRITERIA:

- Documented Diagnosis of Multiple Sclerosis.
- Extavia requires a documented trial and failure of or contraindication to a preferred product (Avonex, Betaseron, Copaxone, or Rebif).

### NOTES:

Traditional Medicaid clients do not require clinical prior authorization. Non-Preferred authorization requirements may apply in certain Traditional Medicaid cases.

### AUTHORIZATION:

1 year

### RE-AUTHORIZATION:

Updated letter of medical necessity

9/21/10

<http://health.utah.gov/medicaid/pharmacy>