

If the following information is not complete, correct, or legible, the SA process can be delayed.

Please use one form per member.

Physician Administered Drug: This form is only to be used for members obtaining the medication from a pharmacy through billing the pharmacy benefit at point-of-sale. Please reference [Appendix B: Physician Administered Drug Criteria](#) for members/providers that will obtain the medication through the medical benefit.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Date of Birth:

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number:

Fax Number:

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

Member's First Name:

DIAGNOSIS AND MEDICAL INFORMATION

For an initial request, complete the following questions to receive a 6-month approval:

1. Is the member at least 18 years of age? **AND**
 Yes No
2. Has the member been screened for the presence of Hepatitis B virus (HBV) prior to initiating treatment AND does not have active disease (i.e., positive HBsAg and anti-HBV tests)? **AND**
 Yes No
3. Has the member had baseline serum immunoglobulin assessed? **AND**
 Yes No
4. Will the member not receive live or live attenuated vaccines while on therapy or within 4 weeks prior to the initiation of treatment? **AND**
 Yes No
5. Is the member free of an active infection? **AND**
 Yes No
6. Will Briumvi be used as a single therapy? **AND**
 Yes No
7. Has the member not received a dose of ocrelizumab or ublituximab within the past 5 months? **AND**
 Yes No
8. Does the member have a confirmed diagnosis of multiple sclerosis (MS) as documented by laboratory report (i.e., MRI)? **AND**
 Yes No
9. Does the member have a diagnosis of a relapsing form of MS (i.e., relapsing-remitting MS [RRMS]*, active secondary progressive disease [SPMS]**, or clinically isolated syndrome [CIS]***)?
 Yes No

(Form continued on next page.)

Member's Last Name:

Member's First Name:

For a renewal request, complete the following questions to receive a 12-month approval:

1. Does the member continue to meet the relevant criteria identified in the initial criteria? **AND**
 Yes No
2. Does the member have an absence of unacceptable toxicity from the drug? **AND**
 Yes No
3. Is the member being continuously monitored for response to therapy indicates a beneficial response?
 Yes No

***Definitive diagnosis of MS with a relapsing-remitting course is based upon:**

- Dissemination in space (see below) AND one or more of the following:
 - Positive cerebrospinal fluid (CSF) (e.g., presence of oligoclonal bands or kappa free light chain index)
 - Positive central vein sign (CVS) (e.g., presence of six or more lesions with CVS; if fewer than 6 white matter lesions are seen on MRI, the number of CVS positive lesions should outnumber the CVS negative lesions)
 - Dissemination in time (DIT) (see below)
 - Presence of lesions in at least four of five CNS anatomical locations; OR
- Lesions present in one CNS site (including members with 12 months or longer progression from onset) AND one or more of the following:
 - CSF positivity and CVS positivity
 - CSF positivity and paramagnetic rim lesion (PRL) positivity (e.g., presence of one or more PRL)
 - DIT (see below) and CVS positivity
 - DIT (see below) and PRL positivity

Unless contraindicated, MRI should be obtained (even if criteria are met).

Dissemination in time (Development/appearance of new CNS lesions over time)	Dissemination in space (Development of lesions in distinct anatomical locations within the CNS; multifocal)
<ul style="list-style-type: none"> ▪ ≥ 2 clinical attacks; OR ▪ Simultaneous presence of gadolinium enhancing and non-enhancing lesions at any time; OR ▪ A new T2-hyperintense or gadolinium enhancing lesion on follow-up MRI 	<ul style="list-style-type: none"> ▪ MRI indicating typical lesions in ≥ 2 of 5 areas of the CNS (optic nerve, intracortical or juxtacortical, periventricular, infratentorial, or spinal cord); OR ▪ In members with progressive disease (members with 12 months or longer progression from onset), two spinal cord lesions

****Active secondary progressive MS (SPMS) is defined as the following:**

- Expanded Disability Status Scale (EDSS) score ≥ 3.0; **AND**
- Disease is progressive ≥ 3 months following an initial relapsing-remitting course (i.e., EDSS score increase by 1.0 in members with EDSS ≤5.5 or increase by 0.5 in members with EDSS ≥6); **AND**
 - ≥ 1 relapse within the previous 2 years; **OR**
 - Member has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI

(Form continued on next page.)

Member's Last Name:

Member's First Name:

*****Definitive diagnosis of CIS is based upon ALL of the following:**

- A monophasic clinical episode with member-reported symptoms and objective findings reflecting a focal or multifocal inflammatory demyelinating event in the CNS
- Neurologic symptom duration of at least 24 hours, with or without recovery
- Absence of fever or infection
- Member is not known to have multiple sclerosis

Prescriber Signature (Required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; incomplete forms will delay the SA process.

Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

Fax this form to 1-866-940-7328

Pharmacy PA Call Center 1-800-310-6826

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