

SENTARA COMMUNITY PLAN (MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-305-2331. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

Drug Requested: Tysabri® (natalizumab) IV (J-2323) (Medical)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

- ☐ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

☐ **DIAGNOSIS – Multiple Sclerosis (MS) Indication**

- ☐ Prescriber is a Neurologist
- ☐ Member has a confirmed diagnosis of relapsing-remitting MS
- ☐ Member has had at least **one** medically documented clinical relapse within the previous 12 months
- ☐ Member is registered with the Tysabri® risk management program known as CD TOUCH

(Continued on next page)

- ☐ Member has tried and failed at least **ONE (1)** of the following agents (**check all tried**):

<input type="checkbox"/> Aubagio® (teriflunomide)	<input type="checkbox"/> Avonex® (IFN beta-1b)	<input type="checkbox"/> Bafiertam™ (monomethyl fumarate)
<input type="checkbox"/> Betaseron® (IFN beta-1a)	<input type="checkbox"/> Copaxone® (glatiramer acetate)	<input type="checkbox"/> Extavia® (IFN beta-1a)
<input type="checkbox"/> Gilenya® (fingolimod)	<input type="checkbox"/> Kesimpta® (ofatumumab)	<input type="checkbox"/> Mavenclad® (cladribine)
<input type="checkbox"/> Mayzent® (siponimod)	<input type="checkbox"/> Plegridy® (peginterferon beta-1a)	<input type="checkbox"/> Rebif® (IFN beta-1a)
<input type="checkbox"/> Tecfidera® (dimethyl fumarate)	<input type="checkbox"/> Vumerity® (diroximel fumarate)	<input type="checkbox"/> Zeposia® (ozanimod)

OR

- ☐ Member's current or potential disease progression warrants the use of Tysabri®

☐ DIAGNOSIS – CROHN'S Indication

- ☐ Prescriber is a Gastroenterologist
- ☐ Member has moderate to severe active Crohn's disease with evidence of inflammation
- ☐ Member is registered with the Tysabri® risk management program known as CD TOUCH ☐
- ☐ Member has had failure of conventional therapies: Budesonide or high dose steroids (prednisone 40-60mg)

OR

- ☐ Trial and failure of: ☐ Infliximab **AND** ☐ Humira®

Medication being provided by (check box below that applies):

- ☐ Location/site of drug administration: _____
- NPI or DEA # of administering location: _____

OR

- ☐ Specialty Pharmacy - PropriumRx

For urgent reviews: Practitioner should call Sentara Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step-edit/preauthorization criteria*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

*Approved by Pharmacy and Therapeutics Committee: 3/20/2008

REVISED/UPDATED: 7/16/2009; 6/3/2011; 9/9/2011; 5/2/2012; 7/2/2012; 9/10/2012; 2/21/2013; 6/30/13; 5/8/2014; 8/18/2014; 10/31/2014; 4/3/2015; 5/23/2015; 12/30/2015; 1/29/2016; 7/18/2016; 9/22/2016; 12/11/2016; 7/24/2017; 9/18/2017; 5/24/2018; (Reformatted) 3/23/2019; 7/8/2019; 9/25/2019; 6/30/2021; 6/26/2023