



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Tysabri® Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Crohn's disease	
<input type="checkbox"/> Multiple sclerosis	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

For Crohn's disease, answer the following:

Does the patient have moderate to severe disease? Yes No

Does the patient have evidence of inflammation (e.g., elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate, presence of fecal leukocytes)? Yes No

Select if the patient has had a history of inadequate response or intolerance to the following conventional therapies:

<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Azathioprine (Imuran)
<input type="checkbox"/> 6-mercaptopurine (6-MP [Purinethol])	<input type="checkbox"/> Methotrexate
<input type="checkbox"/> Aminosalicylates (e.g., sulfasalazine, mesalamine, olsalazine)	

Has the patient had trial and failure, contraindication, or intolerance to a tumor necrosis factor (TNF)-inhibitor (e.g., Cimzia [certolizumab pegol], Humira [adalimumab], Remicade [infliximab])? Yes No

Select if Tysabri will be used in combination with the following:

<input type="checkbox"/> Immunosuppressants (e.g., 6-MP, azathioprine, cyclosporine, or methotrexate)
<input type="checkbox"/> TNF-inhibitors (e.g., Enbrel [etanercept], Humira [adalimumab], Remicade [infliximab])

Reauthorization:

Is there documentation the patient has had a positive clinical response (e.g., improved disease activity index) to Tysabri therapy? Yes No

Select if Tysabri will be used in combination with the following:

<input type="checkbox"/> Immunosuppressants (e.g., 6-MP, azathioprine, cyclosporine, or methotrexate)
<input type="checkbox"/> TNF-inhibitors (e.g., Enbrel [etanercept], Humira [adalimumab], Remicade [infliximab])

For multiple sclerosis, answer the following:

Does the patient have a relapsing form of MS (e.g., relapsing-remitting MS, secondary-progressive MS with relapses, progressive-relapsing MS with relapses)? Yes No

Select if the patient has had trial and failure, contraindication, or intolerance to the following:

<input type="checkbox"/> Aubagio (teriflunomide)	<input type="checkbox"/> Copaxone/Glatopa (glatiramer acetate)	<input type="checkbox"/> Plegrixy (peginterferon beta-1a)
<input type="checkbox"/> Avonex (interferon beta-1a)	<input type="checkbox"/> Extavia (interferon beta-1b)	<input type="checkbox"/> Rebif (interferon beta-1a)
<input type="checkbox"/> Betaseron (interferon beta-1b)	<input type="checkbox"/> Gilenya (fingolimod)	<input type="checkbox"/> Tecfidera (dimethyl fumarate)

Is the patient not a candidate for any of the drugs listed as prerequisites due to the severity of their multiple sclerosis? Yes No

Will Tysabri be used in combination with another disease-modifying therapy for MS? Yes No

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Office use only: Tysabri_CMS_2019Jan-W



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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.

If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.