



# PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

## Zinbryta (daclizumab)

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>	
Member/Subscriber Number:	<b>Supervising Physician:</b>	
Date of Birth:	Fax:	Phone:
Group Number:	Office Contact:	
Address:	NPI:	State Lic ID:
City, State ZIP:	Address:	
Primary Phone:	City, State ZIP:	
	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

**Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.**

Q1. What is the patient's diagnosis? <input type="checkbox"/> Relapsing form of multiple sclerosis <input type="checkbox"/> Other (Please Specify)
Q2. Please provide the ICD code from the diagnosis provided.
Q3. Specify the prescriber's specialty. <input type="checkbox"/> Neurologist <input type="checkbox"/> Other (please specify)
Q4. Is the patient $\geq 18$ years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Does the patient have a contraindication to or failure of any of the following disease-modifying therapies? (Please select all that apply) <input type="checkbox"/> Aubagio <input type="checkbox"/> Avonex <input type="checkbox"/> Copaxone or Glatopa <input type="checkbox"/> Extavia



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Checkboxes for Gilenya, Plegridy, Tecfidera, Tysabri, None of the above

Q6. Have all other multiple sclerosis therapies been discontinued, including IVIG? Yes No

Q7. How will drug be billed? Pharmacy claim (drug to be billed as a PHARMACY benefit claim and dispensed by pharmacy directly to member) Pharmacy claim (drug to be billed as a PHARMACY benefit claim, but shipped direct to provider to be administered to this specific member) MEDICAL claim (drug to be billed by PROVIDER as a MEDICAL benefit claim as an expense to the provider, and provider to supply drug to member)

Q8. If billing as a MEDICAL claim, what provider will be linked to the claim (i.e. who is the billing entity seeking reimbursement)? Provide Name and NPI Individual prescriber Provider or specialty group Facility

Q9. Additional Comments

Prescriber Signature Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function



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Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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