



Nevada Medicaid

Submit fax request to: 855-455-3303

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

Zeposia® (ozanimod) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED.

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 <input type="checkbox"/> Check if request is for initial trial <input type="checkbox"/> Check if request is for recertification of therapy			Directions for Use:		
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Diagnosis of relapsing form of Multiple Sclerosis (e.g., relapsing-remitting MS, secondary-progressive MS with relapses).					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Drug-Specific Information (required)					
<input type="checkbox"/> The medication is prescribed by or in consultation with a neurologist.					
<input type="checkbox"/> The medication is being used for continuation of therapy.					
<input type="checkbox"/> The recipient has had a failure after a trial of at least four weeks, contraindication or intolerance to at least two of the following therapies:					
- Avonex® (interferon beta-1a)					
- Betaseron® (interferon beta-1b)					
- Copaxone®/Glatopa® (glatiramer acetate)					
- Tecfidera® (dimethyl fumarate)					
For reauthorization:					
<input type="checkbox"/> The recipient has documentation of positive clinical response to therapy (e.g., improvement in radiologic disease activity, clinical relapses, disease progression).					

Attach any additional comments, diagnoses, symptoms, medications tried or failed, or other information the physician feels is important to this review

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

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