



MULTIPLE SCLEROSIS AGENTS PRIOR AUTHORIZATION FORM (form effective 1/5/2026)

Prior authorization guidelines for **Multiple Sclerosis Agents** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Dosage form:	Strength:	
Directions:		Quantity:	Refills:
Diagnosis (<i>submit documentation</i>):	Dx code (<i>required</i>):	Beneficiary's weight:	
Is the beneficiary currently being treated with the requested medication?	<input type="checkbox"/> Yes – date of last dose: _____ <i>Submit documentation.</i> <input type="checkbox"/> No		
Is the requested medication being prescribed by or in consultation with a neurologist (or, for Ampyra/dalfampridine, a neurologist or physical medicine and rehabilitation (PM&R) specialist)?	<input type="checkbox"/> Yes <i>Submit documentation of consultation if applicable.</i> <input type="checkbox"/> No		

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

Has a relapsing form of MS (*specify*) → clinically isolated syndrome relapsing remitting disease active secondary progressive disease
 Has primary progressive MS
 Has a non-relapsing form of secondary progressive MS
 Request is for a NON-PREFERRED Multiple Sclerosis Agent:
 Tried and failed or has a contraindication or an intolerance to the preferred drugs in this class approved or medically accepted for the beneficiary's diagnosis (*Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.*)
 Request is for AMPYRA (dalfampridine):
 Has motor dysfunction on a continuous basis that impairs the ability to complete activities of daily living (ADLs) or instrumental ADLs
 Has results of recent kidney function tests
 Has a history of seizure
 Request is for AUBAGIO (teriflunomide):
 Has results of recent liver function tests



Request is for BRIUMVI (ublituximab):
 Does not have active hepatitis B virus infection

Request is for GILENYA (fingolimod):
 Has a comorbid heart condition – describe: _____
 Experienced any of the following in the past 6 months:
 Myocardial infarction Transient ischemic attack
 Unstable angina Decompensated heart failure requiring hospitalization
 Stroke Class III or IV heart failure

Request is for KESIMPTA (ofatumumab):
 Does not have active hepatitis B virus infection

Request is for LEMTRADA (alemtuzumab): Dates of previous treatment course(s): _____

Request is for MAVENCLAD (cladribine): Dates of previous treatment course(s): _____
 Has results of a recent lymphocyte count AND:
 Lymphocyte count is within normal limits prior to initiating first treatment course

Request is for MAYZENT (siponimod):
 Has been tested for CYP2C9 variants to determine CYP2C9 genotype
 Has a comorbid heart condition – describe: _____
 Experienced any of the following in the past 6 months:
 Myocardial infarction Transient ischemic attack
 Unstable angina Decompensated heart failure requiring hospitalization
 Stroke Class III or IV heart failure

Request is for OCREVUS (ocrelizumab) or OCREVUS ZUNOVO (ocrelizumab and hyaluronidase):
 Does not have active hepatitis B virus infection

Request is for ZEPOSIA (ozanimod):
 Has severe untreated sleep apnea
 Will be taking a monoamine oxidase (MAO) inhibitor while taking Zeposia (e.g., selegiline, phenelzine)
 Has a comorbid heart condition – describe: _____
 Experienced any of the following in the past 6 months:
 Myocardial infarction Transient ischemic attack
 Unstable angina Decompensated heart failure requiring hospitalization
 Stroke Class III or IV heart failure

RENEWAL requests

For AMPYRA (dalfampridine):
 Experienced improvement in motor function since starting the requested medication
 Has a history of seizure

For all MS drugs OTHER THAN Ampyra (dalfampridine):
 Has a relapsing form of MS AND:
 Experienced improvement or stabilization of the MS disease course since starting the requested medication
 Has primary progressive or a non-relapsing form of secondary progressive MS AND:
 Continues to benefit from the requested medication

Request is for AUBAGIO (teriflunomide):
 Has results of recent liver function tests

Request is for BRIUMVI (ublituximab):
 Does not have active hepatitis B virus infection

