Nevada Medicaid – Molina Healthcare

Zeposia® (ozanimod)
Prior Authorization Request Form

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (844) 259-1689. Phone: (833) 685-2103.**

Member Information (required)			**Provider Information (required)**		
Member Name:			Provider Name:		
Molina 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:
❑ Check if requesting brand ❑ Check if request is for initial trial ❑ Check if request is for recertification of therapy	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Diagnosis of relapsing form of Multiple Sclerosis (e.g., relapsing-remitting MS, secondary-progressive MS with relapses).

❑ Other diagnosis:_____ ICD-10 Code(s): _____

Drug-Specific Information (required)

❑ The medication is prescribed by or in consultation with a neurologist.

❑ The medication is being used for continuation of therapy.

❑ 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:

❑ 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 (833) 685-2103. This form may be used for non-urgent requests and faxed to (844) 259-1689.