

OPTIMA HEALTH PLAN

PHARMACY STEP-THERAPY REQUEST FORM*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Avonex® (Interferon beta-1a) **Code – J1825**
Betaseron® (Interferon beta-1b) **Code – J1830**

- Interferons are a group of immune system proteins (alpha, beta, and gamma) produced by the body. They act in different ways to control the activity of the immune system.
- Avonex, Betaseron and Rebif are FDA approved for the treatment of relapsing MS.
- Interferon drugs can affect the blood cells and thyroid gland function and therefore regular blood testing should be performed.
- Copaxone is an artificially made protein that resembles a protein that is part of the myelin that surrounds nerves. Copaxone offers a different mechanism of action for the treatment of MS, but it appears to alter the activity of the immune system.

Please Complete below:

(All boxes must be checked to qualify)

- Physician is a Neurologist

AND

- Patient must have documentation of trial and failure with **ONE** of the following:
(check each that has been tried)

- Rebif

OR

- Copaxone

Patient: _____

Member Number: _____

SIGNED _____ **DATE** _____

Physician Name _____ **Phone Number** _____

Fax Number _____

Pharmacy Name _____ **Pharmacy Tel #** _____

(IF AVAILABLE)

*Approved by the Pharmacy and Therapeutic Committee 04/10/2007