

EMD Serono is committed to improving access and providing coverage support for patients. Please utilize this resource to ensure you have the information needed when submitting a comprehensive prior authorization (PA).

Following the guidance below may get your patients started on treatment faster.

## PA OVERVIEW

- Most payers require a PA to be submitted to determine coverage eligibility
- Each payer may require different or additional documentation to support the PA
- Below is recommended information to include to help support the PA approval

## WHAT DO I NEED FOR A GOOD PA?

Providing as much detail as possible will increase chances of approval.



### INFORMATION FROM PATIENT'S MEDICAL RECORD AND CHART NOTES

#### Patient's Condition

- ☐ Diagnosis
- ☐ Detailed history of patient's condition
- ☐ Patient progress notes over the last 6-12 months
- ☐ Current symptoms

#### Prior Treatments: including ALL tried and failed therapies

- ☐ Names
- ☐ Duration
- ☐ Reasons for discontinuation



### MEDICATION REQUESTED

#### EMD Serono RMS Treatment

- ☐ Dosage strength
- ☐ Additional information and reasoning behind current prescribed treatment



### PRESCRIBER INFORMATION

- ☐ Name
- ☐ National Provider Identifier (NPI) number
- ☐ Specialty
- ☐ Contact information



### FORMULARY EXCEPTION AND APPEALS REQUEST CRITERIA

- ☐ Follow payer processes and use applicable forms
- ☐ Explanation of medical necessity for the specific patient
- ☐ Reason why other available formulary drugs are not appropriate

#### Supporting Documentation (may be required by some payers)

- ☐ Chart documentation
- ☐ Letter of medical necessity

MS LifeLines may be able to help with payer-specific details and forms.



Call: 1-877-447-3243  
Fax: 1-866-227-3243



Hours: Monday through Friday:  
8 AM to 8 PM ET; Saturday and  
Sunday: 9 AM to 5 PM ET

## HOW DO I INITIATE A PA?

There are several ways to prescribe and submit a PA for EMD Serono RMS products:

### 1 iAssist

[hcp.iassist.com/login](http://hcp.iassist.com/login)

### 2 CoverMyMeds

[covermymeds.com](http://covermymeds.com)  
1-866-452-5017

### 3 Insurance Portal

You can also submit a PA via the patient's insurance portal

✓ Benefits Investigation

✓ Prior Authorization

✓ Prior Authorization

## SUBMITTING A SERVICE REQUEST FORM (SRF)

Properly filling out the prescription with the **SRF**, including the Patient Authorization section, ensures that patients have access to the support services that MS LifeLines has to offer.

**Filling out the form in its entirety will help make the enrollment process as smooth as possible.**

### Here are some critical details to remember when submitting a SRF:

- ✓ Complete all patient information, including medical history (remember to provide a comprehensive medical history as this can aid in PA approval)
- ✓ Ensure HCP signature is included on all required pages
- ✓ Sign the statement of medical necessity  
*Note: Not completing this step will require additional follow-up that may delay the prescription.*
- ✓ To ensure a quick and efficient enrollment process (including benefits investigation and eligibility check for MS LifeLines Financial Assistance programs), the patient must sign the indicated area on the SRF

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HCP=healthcare provider.



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