SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

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; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Firdapse® (amifampridine phosphate)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Recommended Dosage:

Age and body weight	Initial daily dosage	Titration regimen	Maximum single dose	Maximum total daily maintenance dosage
• Adults (any weight) • Pediatric patients weighing 45 kg or more	15 mg to 30 mg daily, in 3 to 5 divided doses	Increase total daily dosage by 5 mg every 3 or 4 days	20 mg	100 mg given in divided doses
• Pediatric patients weighing less than 45 kg	5 mg to 15 mg daily, in 3 to 5 divided doses	Increase total daily dosage by 2.5 mg every 3 or 4 days	10 mg	50 mg given in divided doses

Quantity Limit: 300 tablets per 30 days

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 6 months

- ❑ Medication must be prescribed by or in consultation with a neurologist
- ❑ Member must be 6 years of age or older
- ❑ Member must have a diagnosis of Lambert-Eaton myasthenic syndrome
- ❑ Lambert-Eaton myasthenic syndrome diagnosis has been confirmed by **ONE** of the following **(must submit labs for documentation)**:
  - ❑ Presence of anti-P/Q-type voltage-gated calcium channel (VGCC) antibodies
  - ❑ A confirmatory electrodiagnostic study [e.g., repetitive nerve stimulation (RNS), needle electromyography (EMG), single-fiber electromyography (SFEMG)]
- ❑ Provider must submit chart notes documenting moderate to severe muscle weakness that interferes with function
- ❑ Provider attests other differential diagnoses such as Myasthenia gravis have been ruled out
- ❑ Provider attests the member does **NOT** have a history of seizures or take medications that lower the seizure threshold (e.g., bupropion, tramadol, amphetamines, theophylline)
- ❑ Provider attests the member is **NOT** using alcohol
- ❑ Member is **NOT** receiving Firdapse® in combination with similar potassium channel blockers, such as Ampyra® (dalfampridine), or used in combination with compounded formulation of 3,4 diaminopyridine
- ❑ Provider must submit a baseline assessment or chart notes documenting at least **ONE** of the following measures **(check all that apply)**:
  - ❑ Dynamometry
  - ❑ Timed 25 Foot Walk test
  - ❑ Timed Up and Go (TUG) test

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Provider must submit chart notes of a positive clinical symptomatic response to Firdapse® therapy with improvement from the initial submitted baseline assessment in at least **ONE** of the following **(check all that apply; current assessment must be submitted)**:
  - ❑ Dynamometry
  - ❑ Timed 25 Foot Walk test (a quantitative mobility and leg function performance test based on a timed 25-foot walk; an average increase of more than 20% in the timed 25-foot walk may indicate a significant change in gait)

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- ❑ Timed Up and Go (TUG) test (assesses patient's function, weakness and mobility. The test measures the time it takes for patients to rise from a chair, walk a short distance, return to their chair and climb stairs approximately three times; >30% time increase from baseline indicates deterioration)
  - 11–20 seconds is within normal limits for frail elderly and disabled patients
  - Greater than 20 seconds suggests the person needs assistance and indicates further examination and intervention may be required
  - 30 seconds or more suggests that the person may be prone to falls

Medication being provided by Specialty Pharmacy – Proprium Rx

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****