

# 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:** Ampyra<sup>®</sup> (dalfampridine extended-release) (Non-Preferred)

**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: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

**DIAGNOSIS AND 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.

1. Does patient have a diagnosis of Multiple Sclerosis (MS) (ICD-10 code = G35)?  Yes  No  
If **No**, please provide diagnosis. Diagnosis: \_\_\_\_\_
2. Does the patient have a gait disorder or difficulty walking?  Yes  No
3. Does the patient have a history of seizures?  Yes  No
4. Does the patient have moderate to severe renal impairment (Creatine Clearance [CrCL]  $\leq$  50mL/min)?  Yes  No

(Continued on next page)

5. What is the patient's baseline Timed 25-foot Walk and date?

Baseline Timed 25-Foot Walk: \_\_\_\_\_ Date of Timed 25-Foot Walk: \_\_\_\_\_

6. If continuation of Ampyra® therapy, what is the current Timed 25-Foot Walk?

Current Timed 25-Foot Walk: \_\_\_\_\_ Date of Timed 25-Foot Walk: \_\_\_\_\_

7. Require trial and failure of the **PREFERRED** generic dalfampridine extended release (ER)

Yes  No

**List pharmaceutical drugs attempted and outcome:**

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**Medical necessity:** Provide clinical evidence that the **PREFERRED** drug(s) will **not** provide adequate benefit.

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**Medication being provided by a Specialty Pharmacy - PropriumRx**

***\*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.\****