PriorityHealth

Pharmacy Prior Authorization Form

For Prior Authorization, please fax to: 877 974-4411 toll free, or 616 942-8206

This form applies to: ☐ **Commercial (Traditional)** ☐ **Commercial (Individual/Optimized)** ☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Dalfampridine

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____ **Is the provider a neurologist?** ☐ Yes ☐ No

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ dalfampridine 10 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Before this drug is covered, documentation that the patient has met all of the following requirements must be provided for an initial 6-month approval:

1. Diagnosis of multiple sclerosis (MS)
2. Must be receiving immunomodulatory therapy (unless immunomodulatory therapy is not indicated for patient's MS type)
3. Must have significant and continuous walking impairment that impairs ability to complete normal daily activities (such as meal preparation, household chores, etc.) attributable to ambulation or functional status despite optimal treatment for MS
4. Patient does not require the use of a wheelchair (bilateral assistance is acceptable, such as a brace, cane, or crutch, as long as the patient can walk 20 meters without resting)
5. Creatinine clearance greater than 50 mL/minute
6. Patient has no history of seizures
7. Baseline timed 25-foot walk test (T25FW) is completed within 8 – 45 seconds OR patient has an Expanded Disability Status Scale (EDSS) score greater than or equal to 4.5 but less than 7
8. Must be between ages 18-70 years
9. Patient must not have a spinal cord injury, myasthenia gravis, or demyelinating peripheral neuropathies (such as Guillain-Barre syndrome), Alzheimer's disease, or Lambert Eaton myasthenic syndrome

For continuation, documentation that the patient has met all of the following requirements must be provided every 12 months:

1. The patient currently meets all of the initial criteria as shown above
2. Must maintain an 85% adherence rate to therapy, which will be verified based on Priority Health's medication fill history for the patient.
3. The patient's functional impairment must resolve as a result of increased speed of ambulation resulting in the member being able to complete instrumental activities (meal preparation, household chores, etc.)
4. Requires at least a 20% improvement in timed walking speed as documented by the T25FW test from pre-treatment baseline.

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 02/2018
Last reviewed 11/2019

PriorityHealth

New request

Priority Health Precertification Documentation

A. When was the patient diagnosed with multiple sclerosis?

- ☐ Date: _____
- ☐ The patient does not have MS, but rather: _____

B. What immunomodulatory therapy is the patient currently receiving?

- ☐ Current Therapy: _____
- ☐ Immunomodulatory therapy is not indicated for this patient's MS type
- ☐ Patient failed or is intolerant to immunomodulatory therapy
- ☐ Other rationale: _____

C. What is the patient's level of walking impairment? (mark any that apply)

- ☐ The patient walks between 100 and 500 meters without assistance or resting
- ☐ The patient uses constant unilateral assistance (i.e. brace, cane, or crutch), but is able to walk about 100 meters
- ☐ The patient uses constant bilateral assistance (i.e. brace, cane, or crutches), but is able to walk about 20 meters without resting
- ☐ The patient is unable to walk more than 5 meters and is essentially restricted to a wheelchair
- ☐ The patient uses a wheelchair

D. What is the patient's creatinine clearance? _____

E. Does the patient have a history of seizure?

- ☐ Yes ☐ No, rationale for use: _____

F. What is the result of the patient's baseline timed 25-foot walk test (T25FW)?

Results: _____ seconds on: _____(date).

G. What is the patient's EDSS score?

Result: _____ Date:_____

H. Has the patient's walking impairment impacted his or her normal daily activities?

- ☐ Yes – describe: _____
- ☐ No

I. Does the patient have a spinal cord injury, myasthenia gravis, or demyelinating peripheral neuropathies (such as Guillain-Barre syndrome), Alzheimer's disease, or Lambert Eaton myasthenic syndrome?

- ☐ Yes ☐ No

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Updated 02/2018
Last reviewed 11/2019

PriorityHealth

Continuation––Priority Health Precertification Documentation

A. Has the patient met all of the initial criteria?

☐ Yes ☐ No

B. Has the patient's functional impairment improved as a result of improved walking speed?

☐ No. *Rationale for use:* _____

☐ Yes, the patient is able to complete normal daily activities. *Please describe*: _____

_____

C. Has the patient had a 20% improvement in walking speed from baseline (results must be included)?

☐ No. *Rationale for use:* _____

☐ Yes. The patient's most recent T25FW results are: _____ seconds on _____ (date)

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Updated 02/2018
Last reviewed 11/2019