



Send completed form to:  
 Peach State Health Plan Pharmacy Department  
**Fax: 1-866-374-1579**

## Ampyra

### Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copay or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Address:** \_\_\_\_\_

1. What drug is being prescribed?  Ampyra, Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Other \_\_\_\_\_
2. What is the diagnosis?  Multiple Sclerosis  Other \_\_\_\_\_
3. Does the patient have a history of seizures?  Yes  No
4. What is the patient's serum creatinine? \_\_\_\_\_ mg/dL
5. What is the patient's weight? \_\_\_\_\_ lbs or \_\_\_\_\_ kg
6. What is the patient's creatinine clearance? \_\_\_\_\_ mL/minute (**please fax copy**)
7. Is the patient currently receiving treatment with Ampyra? *\*If Yes, Skip to # 10*  Yes  No
8. Does the patient have sustained walking impairment?  Yes  No
9. Is the patient able to walk 25 feet (with or without assistance)?  Yes  No

**Only answer below questions if patient is currently on therapy.**

10. Has the patient received at least 2 months of treatment?  Yes  No  
**Therapy Start Date:** \_\_\_\_\_(mm/dd/yy)
11. Has the patient experienced an improvement in walking speed compared since starting Ampyra therapy?  Yes  No *\*If Yes, Skip to # 13*
12. Has there been an improvement in an objective measure of walking ability since starting Ampyra?  
 Yes  No
13. **Attach documentation to support positive response.**

**\*\*NOTE: We can NOT make a decision without a copy of the results - Thank You\*\***

**Information given on this form is accurate as of this date:**

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

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