



# AMPYRA

## PRIOR AUTHORIZATION REQUEST FORM

Complete ENTIRE form and Fax to: 866-940-7328

Today's Date

### SECTION A - PATIENT INFORMATION

|                    |            |            |
|--------------------|------------|------------|
| First Name:        | Last Name: | Member ID: |
| Address:           |            |            |
| City:              | State:     | Zip:       |
| Phone:             | DOB:       | Allergies: |
| Primary Insurance: | Policy #:  | Group #:   |

Is the requested medication NEW  or a CONTINUATION of THERAPY ? If so, start date: \_\_\_\_\_

Is this patient currently hospitalized?  Yes  No

Is the patient residing in a LTC facility?  Yes  No

### SECTION B - PHYSICIAN INFORMATION

|   |            |           |            |
|---|------------|-----------|------------|
| First Name:                             | Last Name: | M.D./D.O. |            |
| Address:                                | City:      | State:    | Zip:       |
| Phone:                                  | Fax:       | NPI #:    | Specialty: |
| Office Contact Name / Fax Attention to: |            |           |            |

Medication to be Administered:  Physician's Office  Patient's Home  LTC Facility  Other

### SECTION C - MEDICAL INFORMATION

Medication:

Directions for use:

|   |              |
|---|--------------|
| Diagnosis (Please be specific & provide as much information as possible): | ICD-10 CODE: |
|---|--------------|

#### **FOR ALL REQUESTS – INITIAL & RE-AUTHORIZATION:**

Does this patient meet either of the following (Check All That Apply)

- Patient has an EDSS score less than or equal to 7
- Patient is not restricted to using a wheelchair (if EDSS is not measured)
- None of the Above

#### **FOR INITIAL REQUESTS:**

Does the patient have a diagnosis of multiple sclerosis (ICD-9 340)?

(Check Response)  YES  NO

Has the physician confirmed that the patient has difficulty walking (i.e. timed 25-foot walk test)?

(Check Response)  YES  NO

#### **FOR RE-AUTHORIZATION REQUESTS:**

Has the patient's walking improved with Ampyra? (Check Response)  YES  NO

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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