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www.bellpharmacycamden.com

Multiple Sclerosis Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.

Standard Requirements

- ☐ Diagnosis of relapsing form of Multiple Sclerosis.
- ☐ Diagnostic procedures such as Neuroimaging (MRIs) showing lesions.
- ☐ Discontinuation of other disease modifying MS therapies (not including Ampyra®)
- ☐ If requesting dalfampridine- the timed 25-foot walk (T25W) between 8 and 45 seconds, or the Expanded Disability Status Scale (EDSS) between 4.5- 6.5, measures walking impairment.
- ☐ How is the patient's quality of life impacted?
 - Any visual or gait changes?
 - Any impact on the patient's mental state?
- ☐ For acute exacerbations, does patient have history of failure, contraindication, or intolerance to corticosteroids?

Varying Requirements Based on the Insurance

- ☐ Should be prescribed by or in consultation with a Neurologist.
- ☐ Labs within the past 6 months such as CBC, LFT's and bilirubin levels, negative pregnancy test if female (confirm the use of effective contraception), recent tuberculin skin test (with Aubagio®).
- ☐ For Gilenya® (additional lab tests or medical assessment): EKG evaluation, ophthalmic exam, no history of MI, unstable angina, stroke, or TIA within the past 6 months. The healthcare provider should provide documentation of positive antibodies for varicella zoster virus (VZV) if there is no documentation of a confirmed history of chickenpox or full course of vaccination against VZV.
- ☐ For dalfampridine, member should not have history of seizure and must have creatinine clearance ≥ 50 mg/ml.
- ☐ For Kesimpta®: confirmed negative for Hepatitis B virus, serum immunoglobulins within normal range.

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