

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Dalfampridine (generic Ampyra)

Notes:

* Renal function may be assessed via the estimated Glomerular Filtration Rate (eGFR) or estimated creatinine clearance (CrCl)

^ Based on 25-foot walking test completed at least 3 months after dalfampridine initiation, using the baseline walking test (completed while not on dalfampridine) for comparison

Initiation (new start) criteria: Non-formulary **dalfampridine (generic Ampyra)** will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Prescribed by a Neurologist
- Diagnosis of Multiple Sclerosis (MS) on the Problem list
- Prescribed for walking problems specifically related to MS
- Documentation of baseline timed 25-foot walk test within the past 3 months between 8 and 45 seconds
- Patient can walk (not restricted to a wheelchair or bed)
- Patient's renal (*kidney*) function is estimated* to be greater than 50 mL/min
- Patient does not have history of seizures

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **dalfampridine (generic Ampyra)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Diagnosis of Multiple Sclerosis (MS) on the Problem list
- Prescribed for walking problems specifically related to MS
- Patient can walk (not restricted to a wheelchair or bed)
- Patient's renal (*kidney*) function is estimated* to be greater than 50 mL/min
- Patient does not have history of seizures

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **dalfampridine (generic Ampyra)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Multiple Sclerosis (MS) on the Problem list
- Patient can walk (not restricted to a wheelchair or bed)

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- Patient does not have history of seizures
- Patient is taking no more than dalfampridine 10 mg twice daily

Continued use criteria (3 months after initiation): Non-formulary **dalfampridine (generic Ampyra)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Patient has demonstrated at least a 20% improvement in walking speed^ **OR** Patient reports increased endurance while walking, as documented by neurologist

Continued use criteria for patients stable on the medication: Non-formulary **dalfampridine (generic Ampyra)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Patient can walk (not restricted to a wheelchair or bed)
- Serum creatinine (kidney test) completed within the last 12 months with renal (*kidney*) function estimated* to be greater than 50 mL/min
- Patient does not have history of seizures
- Patient is taking no more than dalfampridine 10 mg twice daily