



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

DALFAMPRIDINE

Generic	Brand	HICL	GCN	Exception/Other
DALFAMPRIDINE	AMPYRA	13907		EXCLUDE ≠ MISCELL.; POWDER NON-DRUGS

**This drug requires a written request for prior authorization.**

**GUIDELINES FOR USE**

1. Is this an initial request for Ampyra (dalfampridine)?

If yes, continue to #2.

If no, continue to #5.

2. Is the patient overseen by a neurologist?

If yes, continue to #3.

If no, do not approve.

**DENIAL TEXT:** Approval requires that the patient is overseen by a neurologist, has a diagnosis of multiple sclerosis, and has symptoms of walking disability.

3. Does the patient have multiple sclerosis?

If yes, continue to #4.

If no, do not approve.

**DENIAL TEXT:** Approval requires that the patient is overseen by a neurologist, has a diagnosis of multiple sclerosis, and has symptoms of walking disability.

4. Does the patient have symptoms of walking disability such as mild to moderate bilateral lower extremity weakness or unilateral weakness plus lower extremity or truncal ataxia?

If yes, **approve for 3 months for #2 tablets per day per month.**

**APPROVAL TEXT:** Renewal requires documentation of at least a 15% improvement in walking ability.

If no, do not approve.

**DENIAL TEXT:** Approval requires that the patient is overseen by a neurologist, has a diagnosis of multiple sclerosis, and has symptoms of walking disability.

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**GUIDELINES FOR USE (CONTINUED)**

5. Has the patient experienced or maintained at least a 15% improvement in walking ability?

If yes, **approve for 12 months for #2 tablets per day per month.**

If no, do not approve.

**DENIAL TEXT:** Approval requires that the patient has experienced an improvement in walking ability.

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**RATIONALE**

Ensure appropriate utilization for dalfampridine.

**FDA APPROVED INDICATION**

Dalfampridine is approved in patients with multiple sclerosis to improve walking.

**REFERENCES**

- Acorda Therapeutics. Ampyra package insert. Hawthorne, NY. January 2010.
- Goodman AD, Brown TR, Krupp LB, et al. Sustained-release oral fampridine in multiple sclerosis: a randomized, double-blind, controlled trial. Lancet. 2009; 373:732-738.
- Kachuck NJ. Sustained release oral fampridine in the treatment of multiple sclerosis. Expert Opin Pharmacother. 2009; 10:2025-2035.
- Bever CT, Judge S. Sustained-release fampridine for multiple sclerosis. Expert Opin Investig Drugs. 2009; 18:1013-1024.
- Micromedex® Healthcare Series [database online]. Greenwood Village, Colo: Thomson Healthcare. Available at: <https://www.thomsonhc.com/hcs/librarian/PFDefaultActionId/pf.LoginAction>. [Accessed: July 6, 2011].

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/14

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P&T Approval: 11/13