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.

**CONTINUED ON NEXT PAGE**
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.

RATIONALE
Ensure appropriate utilization for dalfampridine.

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

REFERENCES

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<thead>
<tr>
<th>Library</th>
<th>Commercial</th>
<th>NSA</th>
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<tbody>
<tr>
<td>Yes</td>
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Part D Effective: N/A Created: 02/10
Commercial Effective: 01/01/14 Client Approval: 11/13 P&T Approval: 11/13