Initial approval criteria: Non-formulary dalfampridine (Ampyra®) will be covered for 3 months on the prescription drug benefit when the following criteria are met:

- Prescriber is a Neurologist
-AND-
- Diagnosis of Multiple Sclerosis (MS)
-AND-
- Prescribed for walking problems specifically related to MS
-AND-
- Documentation of baseline timed 25-foot walk test within the past 3 months between 8 and 45 seconds
-AND-
- Patient is NOT restricted to a wheelchair or bed
-AND-
- Patients renal (kidney) function is estimated* to be greater than 50 mL/min
-AND-
- Patient does not have history of seizures
-OR-
- Patient is already stable on the drug
-OR-
- Dose Change Only: Patient previously met criteria and is already taking the drug.
Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE
dalfampridine (Ampyra®)

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

- Continued to be prescribed by a Neurologist
- AND-
- Patient has NOT become restricted to a wheelchair or bed
- AND-
- Patients renal (kidney) function is assessed annually and is estimated* to be greater than 50 mL/min
- AND-
- Patient has not developed seizures while on dalfampridine therapy
- AND-
- Patient has demonstrated at least a 20% improvement in walking speed (timed 25-foot walking test from baseline timed walking speed used for initial review of dalfampridine) OR Patient reports increased endurance while walking
- AND-
- Walking speeds have not worsened^ while on dalfampridine
- AND-
- Patient is taking no more than dalfampridine 10 mg twice daily

**Notes:**
* Renal function may be assessed via either the: estimated Glomerular Filtration Rate [eGFR] or estimated creatinine clearance [CrCl])

^ Based on 25-foot walking test completed within last 3 months and a prior walking test, while on dalfampridine, at least 3 months older for comparison.