



**Drug Name:** Ampyra (dalfampridine)

**Date:** 03-2018

**Revised:** 7/2018

<b>Drug Name:</b>	<b>Ampyra (dalfampridine)</b>
<b>Prescriber Restrictions:</b>	Member is under the care of a neurologist
<b>Initial Coverage Criteria</b>	<ul style="list-style-type: none"> <li>• Member is at least 18 years of age; and</li> <li>• Member is diagnosed with a form of multiple sclerosis; and</li> <li>• Member is currently being treated with a disease-modifying agent for multiple sclerosis unless member has a documented intolerance, contraindication , or hypersensitivity to a disease-modifying agent; and</li> <li>• Member is ambulatory (may require assistance with cane, walker) and does not require a wheelchair; and</li> <li>• Member has a documented Timed 25 Foot Walk (T25FW) completed within 8 to 45 seconds; and</li> <li>• Member has a creatinine clearance greater than 50 mL/min; and</li> <li>• Member does not have a history of seizures</li> </ul>
<b>Renewal Coverage Criteria</b>	<ul style="list-style-type: none"> <li>• Member diagnosed with a form of multiple sclerosis; and</li> <li>• Member is tolerating Ampyra; and</li> <li>• Member has experienced an improvement in walking speed (T25FW) or other objective measure of walking ability (e.g. EDSS) since initiating therapy</li> </ul>
<b>Quantity Limit:</b>	60 tablets per 30 days
<b>Coverage Duration:</b>	<b>Initial:</b> 6 months <b>Continuation of therapy:</b> 12 months

**Investigational use:** All Multiple sclerosis therapies is considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in one of the above listed resources. Neighborhood does not provide coverage for drugs when used for investigational purposes.