Generic Name: Dalfampridine

Therapeutic Class or Brand Name: Ampyra®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 05/14/2018

GPI Code: 6240603000

Prior Authorization Criteria (may be considered medically necessary when criteria I through VI are met):

I. Documented diagnosis of Multiple Sclerosis.

II. Documentation that Ampyra® is being used for improvement in walking speed.

III. Documentation that the patient has the ability to walk at least 25 feet.

IV. Documentation that the patient has significant limitations in instrumental activities of daily living (i.e. meal preparation, household chores) attributable to slow walking.

V. Minimum age requirement: 18 years old.

VI. Prescribing physician must be a neurologist or a multiple sclerosis physician specialist.

Exclusion Criteria:

- History of seizure.
- Moderate or severe renal impairment (creatinine clearance less than or equal to 50 mL/min; lab work must be done within the last 6 months).

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Quantities of up to 60 tablets per 30 days.

Approval Length:

- **Authorization:** 3 months.
- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes indicating that criteria are met and that the patient's functional impairment resolved as a result of increased walking speed, resulting in the patient being able to complete instrumental activities of daily living.

Appendix:

N/A

References:

1. https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Ampyra%20(dalfampridine).pdf.
2. https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru210reg.pdf.
3. Medi-Span.
4. https://ampyra.com/prescribing-information.pdf.

Historical Tracking Of Changes Made To Policy	
5/17/2018	1. **Updated "**https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Ampyra%20(dalfampridine).pdf. https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru210reg.pdf, https://ampyra.com/prescribing-information.pdf." **under References**
11/16/2017	1. Policy reviewed: no changes made.
5/28/2016	1. **Changed** "II. Ampyra® is being used for improvement of speed of ambulation" **to** "II. Documentation that Ampyra® is being used for improvement in walking speed" **under Prior Authorization Criteria**. 2. **Changed** "III. The patient has the ability to ambulate at least 25 feet" **to** "III. Documentation that the patient has the ability to walk at least 25 feet" **under Prior Authorization Criteria**. 3. **Changed** "IV. There is documentation of significant limitations of instrumental activities of daily living (i.e. meal preparation, household chores) attributable to slow ambulation" **to** "IV. Documentation that the patient has significant limitations in instrumental activities of daily living (i.e. meal preparation, household chores) attributable to slow walking" **under Prior Authorization Criteria**. 4. **Added** "VI. Prescribing physician must be a neurologist or a multiple sclerosis physician specialist" **to Prior Authorization Criteria**. 5. **Changed** "Patients with a history of seizure" **and** "Patients with moderate or severe renal impairment (creatinine clearance < 51 mL/min; lab work must be done within the last 6 months)" **to** "History of seizure" **and** "Moderate or severe renal impairment (creatinine clearance less than or equal to 50 mL/min; lab work must be done within the last 6 months)" **under Exclusion Criteria**. 6. **Changed** "…increased speed of ambulation…" **to** "…increased walking speed…" **following Re-Authorization under Approval Length**.
3/30/2015	1. **Updated** "http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Ampyra.pdf" **to** "https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Ampyra.pdf" **under References**.
11/15/2013	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Removed** "No history of seizures; No history of moderate to severe renal impairment, as evidenced by a creatinine clearance rate greater than or equal to 51mL/min (lab work must be done within the last 6 months)" **under Prior Authorization Criteria** to reduce duplication as these requirements are already addressed under Exclusion Criteria. 4. **Changed** "History of seizures; Creatinine clearance < 51mL/min" **to** "Patients with a history of seizure; Patients with moderate or severe renal impairment (creatinine clearance < 51 mL/min; lab work must be done within the last 6 months)" **under Exclusion Criteria.** 5. **Reworded** "60 tablets per 30 days" **to** "Quantities of up to 60 tablets per 30 days" **under Quantity/Days Supply Restrictions**. 6. **Changed** "1 year. An updated letter of medical necessity indicating that the patient has not had any seizures; his/her current renal function is at least 51 mL/min; and his/her functional impairment resolved as a result of increased speed of ambulation, resulting in the patient being able to complete instrumental activities of daily living" **to** "1 year: An updated letter of medical necessity or progress notes indicating that criteria are met and that the patient's functional impairment resolved as a result of increased speed of ambulation, resulting in the patient being able to complete instrumental activities of daily living" **under Re-Authorization**. 7. **Updated references** to include Medi-Span.