



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 26, 2010 February 9, 2010, April 5, 2012, February 17, 2015, December 19, 2016, May 23, 2018

AMPYRA® (dalfampridine)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA: (ALL CRITERIA MUST BE MET)

- Must be \geq 18 years old.
- Must have a diagnosis of Multiple Sclerosis (MS) verified by progress notes, discharge notes, or “health conditions”.
- Verify in “health conditions” and/or supporting documentation that there is no history of seizures. If seizures noted in history deny “due to seizure history”.
- Verify in “health conditions” and/or supporting documentation that there is no history of moderate or severe renal failure (creatinine clearance 50mL/min. or less). If noted in history deny “due to history of renal failure”.
- Submission of recent serum creatinine and a recent weight **OR** a creatinine clearance within the last year.
- Maximum dose of 10 mg twice daily.
- Verify in drug history (claims and/or medical records) that patient not taking any compounded formulation of this drug: (4-aminopyridine, 4-AP, fampridine).

CONTINUATION OF THERAPY: (ALL CRITERIA MUST BE MET)

- Clinically meaningful improvement of walking speed documented in the progress notes (i.e.15-20% increase).
- Submission of recent serum creatinine and a recent weight **OR** a creatinine clearance within the last year.