## Manual Prior Authorization



## AMPYRA (dalfampridine) PA Criteria

1. For patients that have a gait disorder associated with Multiple Scleroisis; *and* 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; *and* 

3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained; *and* 

4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients with moderate to severe renal impairment. (for approval patient should have renal function >CrCl 50ml/min).

5. Max dose of 20 mg daily (taken 10 mg q 12 hours); and Max of #60 units in 30 days; approved for age 18 and above

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