



Manual Prior Authorization

AMPYRA (dalfampridine) PA Criteria

AMPYRA® (dalfampridine) is a potassium channel blocker indicated to improve walking in adult patients with multiple sclerosis (MS). This was demonstrated by an increase in walking speed.

Initial authorization: 6 months

1. ≥ 18 years
AND
2. Physician confirmation that the patient has difficulty walking (eg, timed 25-foot walk test)
AND
3. One of the following:
 - a. Patient has an expanded disability status scale (EDSS) score ≤ 7
 - b. Patient is not restricted to using a wheelchair (if EDSS is not measured)

Reauthorization: 12 months

1. Physician confirmation that the patient's walking improved with Ampyra
AND
2. One of the following:
 - a. Patient has an expanded disability status scale (EDSS) score ≤ 7
 - b. Patient is not restricted to using a wheelchair (if EDSS is not measured)

Quantity Limits: 62 tablets/31 days (2 tablets/day)

Considerations:

- CrCl should be > 50 mls/min
- Contraindicated if there is a history of seizures