

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines for coverage of Ampyra (dalfampridine).

STATEMENT OF THE POLICY

The following criteria must be met for coverage of Ampyra (dalfampridine), for new starts only.

PROCEDURES

1. Criteria for coverage

- 1.1 Approved for all FDA indications, not otherwise excluded from Part D.
- 1.2 Prescription written by a neurologist.
- 1.3 18 years or older
- 1.4 Ambulatory, AND
- 1.5 No history of seizures, AND
- 1.6 25-foot Walk Test Completion
 - a. Initial coverage: Member has completed two in office 25-foot timed walk tests (with no more than 5 minute break between tests) AND the average time is submitted as baseline.
 - b. Continued coverage: Member has achieved a 20% decrease in time to walk 25 feet from baseline while on treatment with Ampyra.

2. Authorization

- 2.1 Initial approval: 3 months.
- 2.2 Extended approval: Biannual (every 6 months) approval based on therapeutic response defined as at least a 20% decrease in the average 25 foot walk test time compared to baseline.

3. Discontinuation, Ampyra should be discontinued if one of the following occurs:

- 3.1 Experience a seizure, OR
- 3.2 Renal impairment with a creatinine clearance less than (<) 80 ml/min, OR
- 3.3 Wheelchair bound.

4. References

- 4.1 Ampyra (dalfampridine) prescribing information. Acorda Therapeutics, Inc. Hawthorne, NY 10532. 1/10.
- 4.2 Ampyra Dossier. Acorda Therapeutics, Inc (developed by Formulary Resources, LLC). Mercer Island, WA 02/2010.

