Reference number(s)
1836-A

Specialty Guideline Management dalfampridine-Ampyra

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ampyra	dalfampridine

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1,2]

Ampyra (dalfampridine) is indicated as a treatment to improve walking in adult patients with multiple sclerosis. This was demonstrated by an increase in walking speed.

All other indications are considered experimental/investigational and are not medically necessary.

Coverage Criteria[1,2]

Authorization of 6 months may be granted to members with a diagnosis of multiple sclerosis if the member has sustained walking impairment (prior to initiating therapy with the requested medication).

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Continuation of Therapy[1-3]

Authorization of 12 months may be granted to members with multiple sclerosis if the member has experienced an improvement in walking speed or other objective measure of walking ability since starting the requested medication.

References

1. Ampyra [package insert]. Raleigh, NC: Merz Pharmaceuticals, LLC; March 2025.
2. Dalfampridine [package insert]. Raleigh, NC: Accord Healthcare, Inc.; October 2023.
3. Goodman AD, Brown TR, Krupp LB, et al. Sustained-release oral fampridine in multiple sclerosis: a randomized, double-blind, controlled trial. Lancet. 2009;373:732-738.

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