Effective date: 03/2018
Reviewed: 4/2018,7/2019, 4/2020, 2/2021, 1/2022, 1/2023 Scope: Medicaid

SPECIALTY GUIDELINE MANAGEMENT

Dalfampridine

POLICY

I. INDICATIONS

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

FDA-Approved Indication: 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.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 30 days may be granted to members with a diagnosis of multiple sclerosis if the member has sustained walking impairment (prior to initiating therapy with dalfampridine).

III. CONTINUATION OF THERAPY

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 dalfampridine.

IV. QUANTITY LIMIT

60 tablets per 30 days

V. REFERENCES

1. Ampyra [package insert]. Ardsley, NY: Acorda Therapeutics, Inc.;November 2022.