Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	NA

<sup>\*</sup>FHK- Florida Healthy Kids

## **Ampyra (dalfampridine)**

Override(s)	Approval Duration
Prior Authorization	Initial request: 12 weeks
Quantity Limit	
-	Maintenance therapy request: 12 months

Medications	Quantity Limit					
Ampyra (dalfampridine)	May be subject to quantity limit					

## **APPROVAL CRITERIA**

Initial requests for Ampyra (dalfampridine) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Multiple Sclerosis (MS); AND
- II. Individual has been objectively assessed for function impairment related to ambulation.

Maintenance therapy requests for Amypyra (dalfampridine) may be approved if the following criteria are met:

I. Individual has achieved and sustained clinically significant improvement in ambulation-related functional status.

Ampyra (dalfampridine) may **not** be approved for the following:

- I. Individual has a history of seizures; **OR**
- II. Individual has moderate or severe renal impairment (creatinine clearance less than or equal to 50 mL/min).

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Χ	NA	NA	NA

<sup>\*</sup>FHK- Florida Healthy Kids

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