Pharmacy Medical Policy
Ampyra™ (dalfampridine)

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Policy Number: 246
BCBSA Reference Number: None

Related Policies
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.
Prior Authorization Information

☒ Prior Authorization
☐ Step Therapy
☐ Quality Care Dosing

Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289
Policy last updated: 7/1/2023

Pharmacy (Rx) or Medical (MED) benefit coverage
☒ Rx
☐ MED

To request for coverage: Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration

Please refer to the chart below for the formulary and PA status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampyra™ (dalfampridine)</td>
<td>PA Required</td>
</tr>
<tr>
<td>dalfampridine</td>
<td>PA Required</td>
</tr>
</tbody>
</table>

We may cover dalfampridine when ALL of the following criteria are met:
Initial:
- Documented diagnosis of Multiple Sclerosis, AND
- Documentation of significant limitations of instrumental activities of daily living (i.e. meal preparation, household chores) attributable to slow ambulation, AND
- The patient has no history of seizure disorder, AND
- The patient does not have moderate or severe renal impairment (defined as creatinine clearance (Clcr)≤ 50ml/min), AND
- Medication prescribed by neurologist, AND
- Must meet one of the following:
  - Before treatment patient must be able to walk 25 feet in 8-60 seconds with walking aids if needed (timed 25-Foot Walk (T25FW) test), OR Patient has an Expanded Disability Status Score (EDSS) of greater than or equal to 4.5 but less than 7

If approved, authorization length valid for 3 months of therapy.

Continuation:

We may cover Ampyra™ (dalfampridine) when the above criteria is met and with previous use of dalfampridine.

- Documentation of at least 20% improvement in timed 25-Foot Walk test (timed 25-Foot Walk (T25FW) test) from baseline or improvement in EDSS scores.
If approved, authorization length valid **for additional 1 year**.

We do not cover the above drugs for other conditions not listed above.

**Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>11/2018</td>
<td>Updated to add dalfampridine to the policy.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Updated ExpressPAth language and remove Blue Value.</td>
</tr>
</tbody>
</table>

**References**


**Endnotes**

1. Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meetings on 7/13/2010 and 9/14/2010

**To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:**