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

^{*}FHK- Florida Healthy Kids

Ampyra (dalfampridine ER)

Override(s)	Approval Duration
Prior Authorization	Initial approval duration: 12 weeks
Quantity Limit	
	Renewal after 12 weeks: Approval duration
	12 months

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

APPROVAL CRITERIA

Ampyra (dalfampridine ER) may be approved if the following criteria are met:

- I. Initial requests:
 - A. Individual has a diagnosis of Multiple Sclerosis (MS); AND
 - B. Individual has been objectively assessed for function impairment related to ambulation: **AND**
 - C. Confirmation is provided for functional impairment related to ambulation.
- II. Maintenance therapy after 12 weeks:
 - A. Individual has achieved and sustained clinically significant improvement in ambulation-related functional status; **AND**
 - B. Confirmation is provided.

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 (defined as 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	Х	NA	NA	NA

^{*}FHK- Florida Healthy Kids

Key References:

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