Dalfampridine (Ampyra)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults (generally diagnosed before 50 years of age) with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS (occurring in about 85% of patients), characterized by acute

attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies are the primary treatment approach and include injectable medications (e.g., interferons, glatiramer acetate), oral medications (e.g., dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (e.g., natalizumab, ocrelizumab).

MS is a progressive disease, meaning that symptoms tend to worsen over time, and it can be classified into several types, including relapsing-remitting MS (RRMS), primary progressive MS (PPMS), and secondary progressive MS (SPMS).

Currently, there is no cure for MS, but various treatment options are available to manage symptoms, slow the progression of the disease, and improve quality of life.

- Disease-modifying therapies (DMTs) are a class of medications that target the immune system to reduce inflammation and slow down the progression of the disease. The type of DMT prescribed will depend on the type and severity of MS, as well as the individual's medical history and preferences. Some common DMTs include interferon beta, glatiramer acetate, dimethyl fumarate, and fingolimod.
- High dose corticosteroids, such as high dose intravenous methylprednisolone or oral prednisone can be prescribed to reduce inflammation during acute MS relapses.
- Symptomatic treatments are also available to manage specific symptoms of MS, such as muscle spasms, bladder problems, and depression. Physical therapy, occupational therapy, and speech therapy can help individuals with MS maintain mobility, independence, and communication skills.

While disease-modifying therapies aim to reduce relapse rates and slow disease progression, symptomatic treatments like dalfampridine (Ampyra) focus on improving specific functional deficits. Dalfampridine (Ampyra) is a broad-spectrum potassium channel blocker approved by the FDA to improve walking in adult patients with MS. It works by enhancing signal conduction in demyelinated nerve fibers. Clinical trials have demonstrated that dalfampridine can increase walking speed in about 35-43% of patients with MS, as measured by the timed 25-foot walk test.

Other treatment options for walking impairment in MS include physical therapy, assistive devices, and other symptomatic medications. However, dalfampridine represents a unique pharmacological approach to addressing this specific symptom.

Definitions

"Clinically isolated syndrome" refers to a first episode of neurologic symptoms lasting at least 24 hours caused by inflammation or demyelination in the central nervous system.

"Compendia" are summaries of drug information and medical evidence to support decision-making about the appropriate use of drugs and medical procedures. Examples include, but are not limited to:

1. American Hospital Formulary Service Drug Information
2. Clinical pharmacology
3. National Comprehensive Cancer Network Drugs and Biologics Compendium
4. Thomson Micromedex DrugDex
5. United States Pharmacopeia-National Formulary (USP-NF)

"Disease-modifying therapy" is a medication that modifies the course of MS by reducing relapses and slowing disability progression.

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"EDSS" or "Expanded Disability Status Scale" refers to the most widely utilized MS assessment tool that consists of an ordinal clinical rating scale with half point increments ranging from 0 (normal neurologic examination) to 10 (death due to MS).

"Multiple sclerosis" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"Primary progressive MS" refers to worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"Relapse" is defined as the appearance of new symptoms or the worsening of existing symptoms lasting at least 24 hours in the absence of fever or infection.

"Relapsing-remitting MS" refers to a disease course characterized by clearly defined attacks of new or increasing neurologic symptoms followed by periods of partial or complete recovery.

"[s]" indicates state mandates may apply.

"Secondary progressive MS" is a disease course following relapsing-remitting MS that is characterized by a progressive worsening of neurologic function over time with or without relapses.

"25-foot timed walk" or "T25-FW" refers to a quantitative mobility and leg function performance test whereby a patient is directed to walk 25 feet as quickly and safely as possible. This test is typically the first component of the MS functional composite (MSFC) score to be performed at an office visit. Administration time will vary depending on the ability of the individual.

Clinical Indications

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Multiple Sclerosis

The Plan considers Dalfampridine (Ampyra) medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a neurologist or physician who specializes in the treatment of multiple sclerosis; *AND*
2. The member is 18 years of age or older; *AND*
3. The member has a diagnosis of multiple sclerosis (MS); *AND*
4. Dalfampridine is being used for relief of symptoms (to improve walking); *AND*
5. Prior to initiation of therapy with dalfampridine, the member has documentation of impaired walking ability due to MS, defined as ONE (1) of the following:
    a. Baseline timed 25-foot walk (T25FW) between 8-45 seconds*; or*
    b. For a 25-foot timed walk less than 8 seconds, the Expanded Disability Status Scale (EDSS) is between 4.5 and 6.5; *AND*
6. The member meets ALL of the following:
    a. No evidence of a history of seizure*; or*
    b. No evidence of moderate or severe renal impairment (defined as a creatinine clearance [CrCl] of ≤50 mL/min); *AND*
7. For Brand name Ampyra ONLY - member is unable to use, or has tried and failed generic dalfampridine from at least TWO (2) different manufacturers*; AND*
8. Dalfampridine (Ampyra) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.
    The requested medication is being used within the Plan's Quantity Limit of:
    - *Maximum of 60 tablets per 30 days.*

If the above prior authorization criteria are met, the requested product will be authorized for up to 3-months.[5]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Multiple Sclerosis

The Plan considers Dalfampridine (Ampyra) medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates BOTH of the following criteria are met:

1. The member is currently receiving medication via health plan benefit or member has previously met all applicable initial approval criteria; *AND*
2. Documentation of positive clinical response as demonstrated by improvement in walking speed from baseline, defined as ONE (1) of the following:
    a. The member has shown improvement in the 25-foot walk time with faster speeds by at least 20% compared to baseline since starting the requested medication*; or*
    b. The member has experienced general improvement in walking ability since starting the requested medication.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.[s]

Experimental or Investigational / Not Medically Necessary[s]

Dalfampridine (Ampyra) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary. Non-covered indications include, but are not limited to, the following:

- Use in members under 18 years of age. Dalfampridine (Ampyra) has not been adequately studied in those less than 18 years of age.
- Use for the treatment of conditions other than multiple sclerosis (e.g., spinal cord injury, stroke, cerebral palsy, migraines, non-arteritis anterior ischemic optic neuropathy).
- Use for the improvement of symptoms other than walking in members with multiple sclerosis (e.g., upper extremity function, cognitive function, visual function, fatigue). There are no high quality studies to support the safety and efficacy of dalfampridine (Ampyra) for the management of MS-related symptoms other than walking.

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