Oscar Clinical Guideline: Dalfampridine (Ampyra) (PG217, Ver. 2)

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).

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.

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

"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.

"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.

"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.

Medical Necessity Criteria for Initial Authorization

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 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 does NOT have ANY of the following:
    a. History of seizure*; or*
    b. 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 different manufacturers*; AND*
8. The medication is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
    - *Maximum of 60 tablets per 30 days.*

<u>If the above prior authorization criteria are met, the requested product will be authorized for up to 3-months.</u>

Medical Necessity Criteria for Reauthorization

Reauthorization for dalfampridine (Ampyra) for up to 12-months will be granted if the member has recent (within the last 3-months) clinical documentation showing BOTH of the following:

1. The member is currently receiving medication via health plan benefit or member has previously met all initial approval criteria; *AND*
2. Documentation of positive clinical response as demonstrated by improvement in walking speed from baseline, defined as EITHER 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.

Experimental or Investigational / Not Medically Necessary

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

- Use in members under 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).

References

1. Al Bawab AQ, Alkhalidi BA, Albarahmieh E, Qassim SMA, Al-Saifi MAD. Comparative Randomized, Single-Dose, Two-Way Crossover Open-Label Study to Determine the Bioequivalence of Two Formulations of Dalfampridine Tablets. Clin Pharmacol Drug Dev. 2019 Apr;8(3):355-360. doi: 10.1002/cpdd.574. Epub 2018 May 11.
2. Ampyra (dalfampridine) [prescribing information]. Pearl River, NY: Acorda Therapeutics Inc; June 2022.
3. Bainbridge JL, Miravalle A, Wong PS. Multiple Sclerosis. In DiPiro JT, Yee GC, Posey LM, et al, eds. Pharmacotherapy: A Pathophysiologic Approach. 11th ed. New York, NY: McGraw-Hill; 2019.
4. Cohen JA, Cutter GR, Fischer JS, et al,. Use of the multiple sclerosis functional composite as an outcome measure in a phase 3 clinical trial. Arch Neurol. 2001 Jun;58(6):961-7. doi: 10.1001/archneur.58.6.961.
5. Feret B. Fampridine-SR: A Potassium-Channel Blocker for the Improvement of Walking Ability in Patients With MS. Formulary. 2009;44:293-299.
6. Goodman AD, Bethoux F, Brown TR, et al,. Long-term safety and efficacy of dalfampridine for walking impairment in patients with multiple sclerosis: Results of open-label extensions of two Phase 3 clinical trials. Mult Scler. 2015 Sep;21(10):1322-31. doi: 10.1177/1352458514563591. Epub 2015 Jan 12.
7. Goodman AD, Brown TR, Edwards KR, et al,. A phase 3 trial of extended release oral dalfampridine in multiple sclerosis. Ann Neurol. 2010 Oct;68(4):494-502. doi: 10.1002/ana.22240.
8. Goodman AD, Brown TR, Krupp LB, et al,. Sustained-release oral fampridine in multiple sclerosis: a randomised, double-blind, controlled trial. Lancet. 2009 Feb 28;373(9665):732-8. doi: 10.1016/S0140-6736(09)60442-6.
9. Hauser, S., & Cree, B. (2020). Treatment of Multiple Sclerosis: A Review.. The American journal of medicine. https://doi.org/10.1016/j.amjmed.2020.05.049.
10. Lo AC, Ruiz JA, Koenig CM, et al,. Effects of dalfampridine on multi-dimensional aspects of gait and dexterity in multiple sclerosis among timed walk responders and non-responders. J Neurol Sci. 2015 Sep 15;356(1-2):77-82. doi: 10.1016/j.jns.2015.06.008. Epub 2015 Jun 8.
11. McGinley MP, Goldschmidt CH, Rae-Grant AD. Diagnosis and Treatment of Multiple Sclerosis: A Review. JAMA. 2021;325(8):765–779. doi:10.1001/jama.2020.26858
12. Multiple Sclerosis Society of Canada. Disease-modifying therapies. https://mssociety.ca/managing-ms/treatments/medications/disease-modifying-therapies-dmts.
13. National MS Society. Disease-modifying therapies for MS (updated March 2022). Available from National MS Society website: https://nms2cdn.azureedge.net/cmssite/nationalmssociety/media/msnationalfiles/brochures/brochure-the-ms-disease-modifying-medications.pdf.

14. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018;90(17):777-788.
15. Reich DS, Lucchinetti CF, Calabresi PA. 2018. Multiple sclerosis. New England Journal of Medicine 378(2):169-180
16. The use of disease-modifying therapies in multiple sclerosis: principles and current evidence summary. Multiple Sclerosis Coalition. Available from the National MS Society Website: https://www.nationalmssociety.org/.
17. Tramacere I, Del Giovane C, Salanti G, et al. Immunomodulators and immunosuppressants for relapsing-remitting multiple sclerosis: a network meta-analysis. Cochrane Database Syst Rev 2015;9:CD011381.
18. Yang, J., Rempe, T., Whitmire, N., Dunn-Pirio, A., & Graves, J. (2022). Therapeutic Advances in Multiple Sclerosis. Frontiers in Neurology, 13. https://doi.org/10.3389/fneur.2022.824926.

Clinical Guideline Revision / History Information

Original Date: 06/27/2024

Reviewed/Revised: 10/01/2025