



**BlueCross
BlueShield**

Federal Employee Program.

AMPYRA* (dalfampridine)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Multiple Sclerosis with sustained walking impairment

AND NONE of the following:

- a. History of seizure
- b. Moderate or severe renal impairment ($\text{CrCl} \leq 50 \text{ mL/min}$)

Prior - Approval Limits

Quantity 180 tablets per 90 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Multiple Sclerosis

AND ONE or both of the following:

- a. Improvement in walking speed since initiation of Ampyra
- b. Improvement in an objective measure of walking ability since starting Ampyra

Prior – Approval *Renewal* Limits

Quantity 180 tablets per 90 days

Duration 12 months