Ampyra (dalfampridine)

Background
Ampyra is indicated for improving walking ability in patients with MS (1). Ampyra is a broad spectrum potassium channel blocker that improves conduction of action potentials in demyelinated axons. Myelin destruction is considered a pathologic hallmark of multiple sclerosis. Demyelination exposes potassium channels, impairing the conduction and generation of action potential through the neuronal axons. As this is correlated with the appearance of clinically significant symptoms, restored conduction should enhance the quality of life for a MS patient (2-3).

Regulatory Status
FDA-approved indication: Ampyra (dalfampridine) is a potassium channel blocker indicated to improve walking in patients with multiple sclerosis (MS) (1).

Ampyra can cause seizures. The majority of seizures occurred at the recommended dose and in patients without a history of seizures, and generally within days to weeks of starting therapy. Ampyra should be discontinued and not restarted in patients who experience a seizure while on treatment. Ampyra is contraindicated in patients with a history of seizures (1).

Ampyra is eliminated through the kidneys primarily as unchanged drug. Because patients with moderate to severe renal impairment (CrCl ≤50mL/min) would require a dose lower than 10 mg twice daily and no strength smaller than 10 mg is available, Ampyra is contraindicated in these patients (1).
In patients with mild renal impairment (CrCl 51–80 mL/min), Ampyra plasma levels may approach those seen at a dose of 15 mg twice daily, a dose that may be associated with an increased risk of seizures. As mild renal impairment is common after age 50, estimating CrCl is particularly important in these patients. The potential benefits of Ampyra should be carefully considered against the risk of seizures in these patients (1).

Ampyra should not be taken with other forms of 4-aminopyridine (4-AP, fampridine) since the active ingredient is the same. Patients should discontinue use of any product containing 4-aminopyridine prior to initiating treatment with Ampyra in order to reduce the potential for dose-related adverse reactions (1).

Safety and effectiveness of Ampyra in patients younger than 18 years of age have not been established (1).

Related policies
Acthar Gel, Aubagio, Gilenya, Mavenclad, Mayzent, MS Injectables, Ocrevus, Tecfidera, Tysabri

Policy
This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ampyra may be considered medically necessary in patients with Multiple Sclerosis who are 18 years of age and older with walking difficulties and if the conditions indicated below are met.

Ampyra is considered investigational in patients that are less than 18 years of age and for all other indications.

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 (CrCl≤50 mL/min)

AND the following:
   a. **Brand Ampyra only**: Patient MUST have tried the preferred product (generic Ampyra: dalfampridine ER) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

**Prior – Approval Renewal Requirements**

**Age**
18 years of age or older

**Diagnosis**

Patient must have the following:

1. Multiple Sclerosis

   AND ONE of the following:
   a. Improvement in walking speed since initiation of Ampyra
   b. Improvement in an objective measure of walking ability since starting Ampyra

   AND the following:
   a. **Brand Ampyra only**: Patient MUST have tried the preferred product (generic Ampyra: dalfampridine ER) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

**Policy Guidelines**

**Pre - PA Allowance**
None
Prior - Approval Limits
Quantity 180 tablets per 90 days
Duration 3 months

Prior – Approval *Renewal* Limits
Quantity 180 tablets per 90 days
Duration 12 months

Rationale

Summary
Ampyra is a broad spectrum potassium channel blocker indicated to improve walking in patients with multiple sclerosis (MS). The use of Ampyra in patients with a history of seizure and in patients with moderate or severe renal impairment is contraindicated. Safety and effectiveness in patients younger than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Ampyra while maintaining optimal therapeutic outcomes.

References


Policy History

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**5.60.02**

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March 2015        | Annual editorial review and reference update |
June 2016        | Annual review and reference update           |
                | Policy code changed from 5.06.11 to 5.60.02  |
June 2017        | Annual review                                  |
November 2018    | Annual editorial review and reference update  |
June 2019        | Annual review                                  |
September 2019   | Annual review                                  |
December 2019    | Annual review. Addition of requirement to trial preferred product |

**Keywords**

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.