AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Dalfampridine	Page:	1 of 2
Effective Date:	10/25/2023	Last Review Date:	10/2023

Applies to:	☒Illinois	☒Florida Kids	☐Michigan
	☒New Jersey	☒Maryland	☐Texas
	☒Pennsylvania Kids	☐Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for dalfampridine under the patient's prescription drug benefit.

Description:

Dalfampridine is indicated as a treatment to improve walking in adult patients with multiple sclerosis. This was demonstrated by an increase in walking speed.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

dalfampridine

Policy/Guideline:

Criteria for Initial Approval:

Multiple Sclerosis

A. Authorization may be granted for treatment of multiple sclerosis when the following criteria is met:

1. The member has sustained walking impairment (prior to initiating therapy with dalfampridine).

Criteria for Continuation of Therapy:

Multiple Sclerosis

A. Authorization may be granted for continuation of therapy for multiple sclerosis when the following criteria is met:

1. The member has experienced an improvement in walking speed or other objective measure of walking ability since starting dalfampridine.

Approval Duration and Quantity Restrictions:

Initial Approval: 30 days

Renewal Approval: 12 months

Quantity Level Limit: 60 tablets per 30 days

References:

1. Ampyra [package insert]. Pearl River, NY: Acorda Therapeutics, Inc.; June 2022.
2. Dalfampridine [package insert]. Somerset, NJ: Micro Labs USA, Inc.; December 2021.

3. Goodman AD, Brown TR, Krupp LB, et al. Sustained-release oral fampridine in multiple sclerosis: a randomized, double-blind, controlled trial. Lancet. 2009; 373:732-8.