



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Ampyra® (dalfampridine)
[Prior Authorization Request Form](#)

Prior authorization requests for Ampyra will be approved if the following criteria are met:

1. Diagnosis of multiple sclerosis; **AND**
2. Patient has no history of seizures; **AND**
3. Patient does not have moderate or severe renal impairment.

Initial authorization will be issued for thirty (30) days, with a limit of two (2) tablets per day. If the patient shows improvement, additional quantities may be authorized.

References

Ampyra package insert, Acorda Therapeutics, 2010/01

Reviewed and Approved
DUR Board 05/05/2010