



CIGNA PHARMACY COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Subject **Dalfampridine (Ampyra®)**

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Hyperlink to Related Coverage Policies

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2010 CIGNA

Coverage Policy

CIGNA covers dalfampridine (Ampyra®) as medically necessary to improve walking in individuals with multiple sclerosis (MS).

Initial authorization is for a period of three (3) months. Approval for continuation of therapy is contingent upon a demonstrated improvement in walking.

FDA Approved Indications

Ampyra (dalfampridine) is indicated as a treatment to improve walking in patients with multiple sclerosis (MS). This was demonstrated by an increase in walking speed.

FDA Recommended Dosing

The maximum recommended dose of Ampyra is one 10 mg tablet twice daily, taken with or without food, and should not be exceeded. Doses should be taken approximately 12 hours apart. Patients should not take double or extra doses if a dose is missed. No additional benefit was demonstrated at doses greater than 10 mg twice daily and adverse reactions and discontinuations because of adverse reactions were more frequent at higher doses.

Drug Availability

Ampyra (dalfampridine) extended release tablets, 10 mg are a film-coated, white to off-white, biconvex, oval shaped, non-scored tablets with flat edge. The tablets are identified by a debossed code "A10" on one side and are available in bottles of 60.

General Background

Pharmacology

Dalfampridine is a potassium channel blocker and its exact mechanism of action in multiple sclerosis is not fully known. Animal data indicate dalfampridine blocks the exposed potassium channels and restores the action potential and improves neuronal conduction. Dalfampridine is a non-specific potassium channel blocker and seizures can result from the potassium channel blockade. Dalfampridine does not cause QTc prolongation.

Dalfampridine is 96% bioavailable after oral dosing and maximal concentrations occur 3 to 4 hours after administration. It is not highly protein bound and has a volume of distribution of 2.6 L/kg. Dalfampridine is eliminated in the urine (>95%) and primarily as the parent drug (90%). The half-life of dalfampridine ranges from 5.2 to 6.5 hours. Dalfampridine clearance is reduced in patients with renal impairment.

Clinical Efficacy

Three experimental trials evaluate the effect of dalfampridine for improving walking speed in patients with multiple sclerosis; however, one trial is not published. The primary endpoint in the primary trials was patient response, defined as faster walking speed (per timed 25-foot walk test) on 3 out of 4 visits while on treatment compared to the maximum score from any of the 5 non-treatment visits. The response rate in dalfampridine treated patients was 35% compared to placebo at 8%, $p < 0.0001$. The average change in walking speed for dalfampridine responders was 0.51 feet/second, for dalfampridine non-responders was 0.16 feet/second, and for placebo was 0.10 feet/second.

FDA approval of dalfampridine was based on two trials; one trial is published. Goodman et al randomized 301 adult patients with multiple sclerosis to either dalfampridine 10 mg twice daily or placebo for 14 weeks. At baseline patients had to complete the timed 25 foot walk within 8 to 45 seconds, have no acute exacerbations of multiple sclerosis within the previous 60 days, and have no history of seizures. The primary endpoint was patient response, defined as faster walking speed (feet/second), per timed 25-foot walk test, from 3 out of 4 visits while on treatment compared to the maximum score from any of the 5 non-treatment visits. The response rate in dalfampridine treated patients was 35% compared to placebo at 8%, $p < 0.0001$. The average change in walking speed for dalfampridine responders was 0.51 feet/second, for dalfampridine non-responders was 0.16 feet/second, and for placebo was 0.10 feet/second. The 12 item MS Walking Scale (MSWS-12) showed reduced disability in treatment responders (either dalfampridine or placebo treated) compared to non-responders, $p = 0.0002$. Serious adverse events were reported in 7% of dalfampridine treated patients and none were reported by placebo group.

The following may be used to measure walking ability in individuals:

The Timed 25-foot Walk (T25FW)

- Time for patients to complete a 25 foot course as fast and as safely as possible.
- Sensitive.
- Reproducible over a wide range of disabilities.
- Readily administered in a clinical setting.
- Requires proper training at clinical site

The 12-item Multiple Sclerosis Walking Scale (MSWS-12)

- A clinically validated, reliable, and responsive subjective measure of walking impairment.
- Flexible and simple enough to use in clinical practice.
- Helps facilitate patient-physician conversation about walking impairment.

Expanded Disability Status Scale (EDSS)

- Combines the concepts of disability and impairment.
- Weighted toward ambulation.

The Timed Up and Go (TUG) Test

- Measures a patient's ability to rise from a chair, walk three meters, turn around, walk back, and sit down.
- Is a specific measure for identifying community-dwelling adults who are at risk for falls.
- Is correlated to level of functional mobility.

6-Minute Walk Test (6MWT)

- Has a strong correlation to subjective measures of ambulation and physical fatigue.

Adverse Reactions

Treatment discontinuation rate due to adverse events for dalfampridine treated patients is 4% compared to placebo at 2%. Adverse events leading to discontinuation included headache, dizziness, balance problems, and confusion. The most common adverse events include: urinary tract infection, insomnia, dizziness, headache, nausea, asthenia, back pain, and balance disorder. Dalfampridine can cause seizures and the rate of seizures increases with higher doses. Dalfampridine is contraindicated in patients with a history of seizures or those patients with a creatinine clearance less than 50 mL/minute. Renal impairment increases the risk of seizures.

Coding/Billing Information

Note: This section is currently unavailable.

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