
From: Michelle Dunston
Sent: 09 February 2023 19:11
To: Acorda PV
Subject: CON_ACO_174027_2022 and CON_ACO_174228_2022
Attachments: 0308_001.pdf; 0309_001.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Triage

Dear all,

I am attaching 2 letters that were received on 09-Feb-23.

Thanks,

Michelle Dunston
PV Assistant



Michelle Dunston
PV Assistant

michelle.dunston@primevigilance.com

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FEB 09 2023

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 509 RALEIGH, NC

POSTAGE WILL BE PAID BY ADDRESSEE

PRIMEVIGILANCE USA, INC.
SUITE 310
8045 ARCO CORPORATE DRIVE
RALEIGH NC 27690-5034

CAROL STREAM IL 601

5 JAN 2023 PM 8 L



NO POSTAGE
NECESSARY
IF MAILED
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UNITED STATES



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Reference #: ACO_174027_2022

Jan 6, 2023

FEB 09 2023

Lynn Kretlow
2344 ALTA VISTA DR
WAUKEGAN, IL WAUKEGAN

Dear Ms. Kretlow,

This letter is in reference to a report that we received from, either you, your healthcare professional or Specialty Pharmacy, about an event (s) that you experienced while using an Acorda product **Ampyra and Dalfampridine**.


To better understand your adverse event(s), please provide the name, address, and telephone number of your prescribing physician. This will give Acorda permission to obtain additional information. Please answer the questions below, as it would be helpful to Acorda if you would provide an update regarding your event (s).

Please be aware Acorda is required by law to submit this information to the Food and Drug Administration (FDA). However, Acorda will ensure your information is handled in a manner that is compliant with the medical privacy rule, which is commonly known as the Health Insurance Portability and Accessibility Act (HIPAA). Acorda will submit your information without any personal identifiers (i.e., name, address, phone number) to the FDA.

Thank you in advance for your assistance.

Sincerely

Drug Safety and Pharmacovigilance

I'm sorry the back side
is a mess! I was in a
hurry. 

FEB 09 2023

Reference #: ACO_174027_2022

Are you currently taking **Dalfampridine**?☐ Yes☒ NoStop Date: ~~01/01/2023~~ ~~1/01/2023~~ 06/06/22

MM/DD/YYYY

If no, provide reason for discontinuation:

It didn't work well.

Please provide lot number and expiration date located on the bottle of **Dalfampridine**.Lot Number: 154384817627 Expiration Date: 06/09/2023
Rx MM/DD/YYYYPlease provide **manufacturer**:

Sun Pharma

Are you currently taking **Ampyra**?☒ Yes☐ NoStop Date: ~~06/06/2022~~

MM/DD/YYYY

If no, provide reason for discontinuation: _____

Please provide lot number and expiration date located on the bottle of **Ampyra**.Lot Number: 154384864466 Expiration Date: 06/09/2023
Rx MM/DD/YYYY

12/19/2023

It was reported that generic did not work as well.

When did this occur? Date: ____/____/____

MM/DD/YYYY

-since I started taking
it a few years ago.

Please further clarify that generic did not work as well.

When I went from taking Ampyra to Dalfampridine I noticed a change to worse. I thought Thank you in advance for your assistance in providing Acorda with this information. A postage paid envelope is enclosed for your convenience. Alternately, you may fax this information to us at 914-606-9548.

that it had to be switched because of insurance. When I mentioned this to my doctor, she had seen proof and said she could override it.

2 of 3
that Dalfampridine didn't work

FEB 09 2023

Reference #: ACO_174027_2022

Patient's Printed Name:

Lynn Kretlow

Patient/Guardian Signature:

Lynn Kretlow

Date:

01/04/2023
MM / DD / YYYY

Please provide your physician or other healthcare provider information to obtain additional details about your adverse event(s).

Physician's Name:

Dr. Susan Rubin

Physician's Address:

2180 Pfingsten Rd., Suite 2000
Glencoe, FL 33026

Physician's Telephone:

847-570-2570 Fax: _____

Patient's Printed Name:

Lynn Kretlow

Patient/Guardian Signature:

Lynn Kretlow

Date:

01/04/2023
MM / DD / YYYY

