UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Ampyra

Program	Prior Authorization
Medication	Ampyra (dalfampridine)
Markets in Scope	Arizona, Hawaii, Nevada, Maryland, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, California, South Carolina
Issue Date	6/2010
Pharmacy and Therapeutics Approval Date	5/2020
Effective Date	7/2020

1. Background:

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

2. Coverage Criteria:

A. Initial Authorization

1. Diagnosis of multiple sclerosis

-AND-

2. Physician confirmation that patient has difficulty walking (e.g., timed 25-foot walk test)

Authorization will be issued for 12 months.

B. Reauthorization

1. Physician confirmation that the patient's walking improved with Ampyra therapy

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes

(ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Ampyra [package insert]. Acorda Therapeutics, Inc. Ardsley, NY. December 2019.

Program	Prior Authorization
Change Control	
Date	Change
6/2010	New Policy
3/2011	Annual Review: No change
3/2012	Annual Review: No change
6/2013	Converted policy to new UHC enterprise wide formatting, updated walking difficulty requirements (see 2 and 3) for initial therapy, removed contraindications from initial therapy criteria (seizures and renal insufficiency), removed requirement that patient is currently receiving DMARD therapy for initial therapy, updated reauthorization criteria, added dosing , availability, and endnotes sections, updated references
12/2014	Updated initial authorization duration from 6 months to 3 months and reauthorization duration from 1 year to 6 months
5/2016	Updated policy to new template
3/2017	Changed initial and reauthorization duration to 12 months.
5/2018	Removed EDSS criteria to align with Employer and Individual's notification program. Updated background and references.
5/2019	Annual review with no changes to clinical criteria.
5/2020	Annual review. Updated reference.