UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Ampyra

Program	Prior Authorization
Medication	Ampyra (dalfampridine)
Pharmacy & Therapeutics Approval Date	5/22/2013
Effective Date	11/1/2016

1. Background:

Indicated as a treatment 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 (eg, timed 25-foot walk test)

-AND-

3. One of the following:

   a. Patient has an expanded disability status scale (EDSS) score less than or equal to 7

   b. Patient is not restricted to using a wheelchair (if EDSS is not measured)

Authorization will be issued for 12 months.

B. Reauthorization

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

-AND-

2. One of the following:

   a. Patient has an expanded disability status scale (EDSS) score less than or equal to 7

   b. Patient is not restricted to using a wheelchair (if EDSS is not measured)

   Authorization will be issued for 12 months.

3. References:

1. Ampyra Prescribing Information. Acorda Therapeutics, Inc., January 2014.
2. Goodman AD, Brown TR, Krupp LB, et al. Sustained-release oral fampridine in multiple sclerosis: a randomised, double-blind, controlled trial. Lancet 2009;373:732-738.
3. Goodman AD, Brown TR, Cohen JA, et al. Dose comparison trial of sustained-release fampridine in multiple sclerosis. Neurology. 2008;1134-1141.

Program	Prior Authorization
Change Control	
Date	Change
June 2010	New Policy
March 2011	Annual Review: No change
March 2012	Annual Review: No change
June 2013	Converted policy to new UnitedHealthcare 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
Dec 2014	Updated initial authorization duration from 6 months to 3 months and reauthorization duration from 1 year to 6 months
May 2016	Updated policy to new template