

PRIOR AUTHORIZATION POLICY

- POLICY:** Multiple Sclerosis – Ampyra Prior Authorization Policy
- Ampyra® (dalfampridine extended-release tablets – Acorda Therapeutics, generic)

REVIEW DATE: 10/14/2020

OVERVIEW

Ampyra is a potassium channel blocker that is indicated to improve walking in adults with multiple sclerosis (MS).¹ This was demonstrated by an increase in walking speed.

Safety

Ampyra is contraindicated in patients with a history of seizures; moderate or severe renal impairment (estimated creatinine clearance [CrCl] ≤ 50 mL/min); and in those with a history of hypersensitivity to Ampyra or 4-aminopyridine.¹

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Ampyra. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ampyra as well as the monitoring required for adverse events and long-term efficacy, approval requires Ampyra to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ampyra is recommended in those who meet the following criteria:

FDA-Approved Indications

- 1. Multiple Sclerosis (MS).** Approve for the duration noted below if the patient meets one of the following criteria (A or B):
 - A) Initial Therapy.** Approve for 4 months if the patient meets all of the following (i, ii, and iii):
 - i.** Patient is ≥ 18 years of age; AND
 - ii.** Ampyra is being used to improve or maintain mobility; AND
 - iii.** Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; OR
 - B) Patient Currently Receiving Ampyra.** Approve for 1 year if the patient meets all of the following (i, ii, iii, and iv):
 - i.** Patient is ≥ 18 years of age; AND
 - ii.** Ampyra is being used to improve or maintain mobility; AND
 - iii.** Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; AND
 - iv.** According to the prescriber the patient has responded to or is benefiting from therapy.
Note: Examples of response or benefits include an increase in walking speed and/or improvement in strength, coordination, ambulation, or balance.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Ampyra is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Ampyra[®] extended-release tablets [prescribing information]. Ardsley, NY: Acorda Therapeutics, Inc.; December 2019.