

SPECIALTY GUIDELINE MANAGEMENT

AMPYRA (dalfampridine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication: Ampyra is indicated as a treatment to improve walking in patients with multiple sclerosis. This was demonstrated by an increase in walking speed.

All other indications are considered experimental/investigational and are not covered benefits.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 30 days may be granted to members with a diagnosis of multiple sclerosis if the member has sustained walking impairment (prior to initiating therapy with Ampyra).

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted to members with multiple sclerosis if the member has experienced an improvement in walking speed or another objective measure of walking ability since starting Ampyra.

IV. REFERENCES

1. Ampyra [package insert]. Hawthorne, NY: Acorda Therapeutics, Inc.; January 2014.
2. National Multiple Sclerosis Society. *Disease Management Consensus Statement*. New York, NY: National Multiple Sclerosis Society; 2008. Available at: http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/ExpOp_Consensus.pdf. Accessed April 26, 2016.