

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1005-14
Program	Prior Authorization/Notification
Medication	Ampyra® (dalfampridine)
P&T Approval Date	5/2010, 5/2011, 5/2012, 5/2013, 5/2014, 5/2015, 5/2016, 5/2017, 5/2018, 5/2019, 5/2020, 5/2021, 5/2022, 5/2023, 5/2024, 5/2025
Effective Date	8/1/2025

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.¹

2. Coverage Criteria^a:**A. Initial Authorization**

1. **Ampyra** will be approved based on **both** of the following criteria:

- a. Diagnosis of multiple sclerosis

-AND-

- b. Physician confirmation that patient has difficulty walking (e.g., Timed 25-foot Walk)

Authorization will be issued for 12 months.

B. Reauthorization

1. **Ampyra** will be approved based on the following criteria:

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

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- 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. June 2022.

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Change Control	
5/2014	Annual review with no change to criteria.
5/2015	Annual review with no changes to clinical criteria. Deleted educational statement and updated references.
5/2016	Annual review. Updated criteria to require only a diagnosis. Updated references.
5/2017	Annual review with no changes to criteria.
5/2018	Annual review with no changes to clinical criteria. Updated references.
12/2018	Administrative change to add statement regarding use of automated processes.
5/2019	Annual review with no changes to clinical criteria.
5/2020	Annual review with no changes to clinical criteria. Updated reference.
5/2021	Annual review with no changes to clinical criteria.
5/2022	Annual review with no change to clinical criteria. Updated reference.
5/2023	Annual review with no change to clinical criteria. Added state mandate footnote. Updated reference.
5/2024	Annual review. Initial Authorization increased to 12 months.
5/2025	Annual review with no change to clinical criteria.