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preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

SYMPTOM MANAGEMENT: WALKING (GAIT) DIFFICULTIES

For

1. Member must be age 18 or older; AND
2. Medication must be prescribed by, or in consultation with, or under the guidance of a neurologist; AND
3. Member has been on a disease modifying agent (Avonex (interferon beta-1a), Betaseron (interferon beta-1b), Copaxone (glatiramer acetate), Extavia (interferon beta-1b), Glatopa (glatiramer actate), Plegridy (peginterferon beta-1a), Rebif (interferon beta-1a), Aubagio (teriflunomide), Gilenya (fingolimod), Tecfidera (dimethyl fumarate), Lemtrada (alemtuzumab), Novantrone (mitoxantrone), Tysabri (natalizumab), Ocrevus (ocrelizumab), Mayzent (simponimod) or Mavenclad (cladribine)) for at least the last 90 days; AND
4.

6 months .

For reauthorization :

1. Member must be in compliance with all other initial criteria; AND
2. Documentation of member's increase in walking speed submitted with chart notes.

Disorder of neuromuscular transmission

DATE	ACTION/DESCRIPTION
07/18/2017	New policy for Ampyra created. Not covered diagnosis added.
05/16/2019	Policy modified to Dalfampridine (generic for Ampyra). Mayzent and Mavenclad added to the list of disease modifying agents; Zinbryta was removed due to market recall.

References:

1. Ampyra [package insert]. Ardsley, NY: Acorda Therapeutics, Inc.; October, 2016.
2. Ampyra. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: http://www.micromedexsolutions.com. Accessed March 16, 2017.
3. Goodman AD, Brown TR, Edwards KR, Krupp LB, Schapiro RT, Cohen R, Marinucci LN, Blight AR; MSF204 Investigators. A phase 3 trial of extended release oral dalfampridine in multiple sclerosis. Ann Neurol. 2010 Oct;