

Priority Health Medicare Prior Authorization Criteria (Part D)

Ampyra®

Products affected

- Ampyra®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Patient must not have history of seizure and creatinine clearance must be greater than 50 ml per min.
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Initial approval for 12 weeks, recertification required every 12 months thereafter.
Other criteria	Baseline timed 25-foot walk (T25FW) completed within 8-45 seconds, patient must be currently ambulatory with minimal walking impairment or use of cane, crutch or brace. Continuation approval based on results of T25FW and (or) significant clinical improvement.