# Firdapse (amifampridine)
Ruzurgi (amifampridine)

**Effective 11/01/20**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ MassHealth</td>
<td>☑ Prior Authorization</td>
<td>☑ Pharmacy Benefit</td>
</tr>
<tr>
<td>☑ Commercial/Exchange</td>
<td>☑ Quantity Limit</td>
<td>□ Medical Benefit (NLX)</td>
</tr>
</tbody>
</table>

**Specialty Limitations**
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Plans</td>
<td>MassHealth</td>
<td>Commercial</td>
</tr>
<tr>
<td></td>
<td>Phone: 866-814-5506</td>
<td>Phone: 877-433-7643</td>
<td>Phone: 800-294-5979</td>
</tr>
<tr>
<td></td>
<td>Fax: 866-249-6155</td>
<td>Fax: 866-255-7569</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td></td>
<td></td>
<td>Exchange</td>
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<tr>
<td></td>
<td></td>
<td>Phone: 855-582-2022</td>
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<tr>
<td></td>
<td></td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
<tr>
<td>Exceptions</td>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
</tr>
</tbody>
</table>

**Overview**
Amifampridine increases acetylcholine release in nerve terminals via potassium channel blockade.

**Coverage Guidelines**
Authorization may be granted for members who are currently receiving treatment with Firdapse or Ruzurgi excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

**Firdapse**
- The member has a diagnosis of symptomatic Lambert-Eaton myasthenic syndrome (LEMS)
- The member is ≥ 18 years of age
- The prescriber specialty is a neurologist or medication is being prescribed in consultation with a neurologist
- The member meets one of the following laboratory results confirming the diagnosis:
  - neurophysiology study tests;
  - positive anti-P/Q type voltage-gated calcium channel antibody test

**Ruzurgi**
- The member has a diagnosis of symptomatic Lambert-Eaton myasthenic syndrome (LEMS)
- The member is ≥ 6 years of age
• The prescriber specialty is a neurologist or medication is being prescribed in consultation with a neurologist
• The member meets one of the following laboratory results confirming the diagnosis:
  - neurophysiology study tests;
  - positive anti-P/Q type voltage-gated calcium channel antibody test

Continuation of Therapy
Reauthorization requires physician documentation of improvement of member’s condition.

Limitations
  1. Initial approvals will be for 6 months.
  2. Reauthorizations will be for 12 months
  3. The following quantity limits apply:

<table>
<thead>
<tr>
<th></th>
<th>Limit</th>
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<tbody>
<tr>
<td>Firdapse (amifampridine) 10mg</td>
<td>240 tablets per 30 days</td>
</tr>
<tr>
<td>Ruzurgi (amifampridine) 10mg</td>
<td>300 tablets per 30 days</td>
</tr>
</tbody>
</table>

References
1. Firdapse (amifampridine) [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; November 2018.

Review History

Disclaimer
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