

Clinical Pharmacy Program Guidelines for Ruzurgi

Program	Prior Authorization
Medication	Ruzurgi® (amifampridine)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	7/2019
Pharmacy and Therapeutics Approval Date	7/2020
Effective Date	9/2020

1. Background:

Ruzurgi® (amifampridine) is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 to less than 17 years of age.¹

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Ruzurgi will be approved based on both of the following criteria:</p> <p style="margin-left: 40px;">a. Lambert-Eaton myasthenic syndrome (LEMS)</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. Patient is not receiving Ruzurgi in combination with similar potassium channel blockers [e.g., Ampyra (dalfampridine), Firdapse (amifampridine)]</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Ruzurgi will be approved based on both the following criteria:</p> <p style="margin-left: 40px;">a. Documentation of positive clinical response to Ruzurgi therapy</p> <p style="text-align: center;">-AND-</p>
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b. Patient is not receiving Ruzurgi in combination with similar potassium channel blockers [e.g., Ampyra (dalfampridine) , Firdapse (amifampridine)]

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- 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. Ruzurgi [package insert]. Jacobus Pharmaceutical Company, Inc. Plainsboro, NJ. April 2020.

Program	Prior Authorization
Change Control	
Date	Change
7/2019	New program
7/2020	Annual review. No changes to coverage criteria. Added Clinical Rules section.