UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1286-3
Program	Prior Authorization/Notification
Medication	Ruzurgi® (amifampridine)
P&T Approval Date	7/2019, 7/2020, 7/2021
Effective Date	10/1/2021; Oxford only: 10/1/2021

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:

A. Initial Authorization

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

   a. Diagnosis of Lambert-Eaton myasthenic syndrome (LEMS)

   -AND-

   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.

B. Reauthorization

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

   a. Documentation of positive clinical response to Ruzurgi therapy

   -AND-

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

Program	Prior Authorization/Notification - Ruzurgi (amifampridine)
Change Control	
7/2019	New program
7/2020	Annual review. No changes to coverage criteria.
7/2021	Annual review. No changes to coverage criteria.