Firdapse (amifampridine)
Ruzurgi (amifampridine)
Effective 11/01/2020

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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

Coverage Guidelines
Authorization may be granted for members new to the plan 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

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

Ruzurgi

1. The member has a diagnosis of symptomatic Lambert-Eaton myasthenic syndrome (LEMS)
2. The member is ≥ 6 years of age

3. The prescriber specialty is a neurologist or medication is being prescribed in consultation with a neurologist
4. The member meets one of the following laboratory results confirming the diagnosis:
    a. neurophysiology study tests
    b. 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:

Firdapse (amifampridine) 10mg	240 tablets per 30 days
Ruzurgi (amifampridine) 10mg	300 tablets per 30 days

References

1. Firdapse (amifampridine) [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; November 2018.
2. Lindquist S, Stangel M. Update on treatment options for Lambert-Eaton myasthenic syndrome: focus on use of amifampridine. *Neuropsychiatr Dis Treat*. 2011;7:341-349. doi: 10.2147/NDT.S10464.[PubMed 21822385]
3. Pelufo-Pellicer A, Monte-Boquet E, Romá-Sánchez E, Casanova-Sorní C, Poveda-Andrés JL. Fetal exposure to 3,4-diaminopyridine in a pregnant woman with congenital myasthenia syndrome. *Ann Pharmacother*. 2006;40(4):762-766.[PubMed 16537815]
4. Ruzurgi (amifampridine) [prescribing information]. Princeton, NJ: Jacobus Pharmaceutical Company, Inc; May 2019.
5. Wirtz PW, Titulaer MJ, Gerven JM, Verschuuren JJ. 3,4-diaminopyridine for the treatment of Lambert-Eaton myasthenic syndrome. *Expert Rev Clin Immunol*. 2010;6(6):867-874. doi: 10.1586/eci.10.57.[PubMed 20979551]

Review History
09/16/2020 – Reviewed and approved Sept P&T Mtg. Effective 11/01/20.
11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes

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