

ALASKA MEDICAID  
Prior Authorization Criteria

**Firdapse®, Ruzurgi®  
(amifampridine)**

**FDA INDICATIONS AND USAGE**<sup>1,2</sup>

Firdapse® and Ruzurgi® are a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS). Ruzurgi® is only indicated for patients age 6 to less than 17 years of age and FIRDAPSE® is only indicated for adult patients.

**APPROVAL CRITERIA**<sup>1,2,3</sup>

1. For Ruzurgi® the patient is between 6 and less than 17 years of age or for Firdapse® the patient is 6 years of age or older **AND;**
2. Patient has the diagnosis of Lambert-Eaton myasthenic syndrome (LEMS) **AND;**
3. Prescribed by or in consultation of a neurologist or neuromuscular specialist **AND;**
4. Patient does not have a history of seizures **AND;**
5. Prescriber agrees to monitor for use with acetylcholinesterase inhibitors or other medication that can lower seizure threshold **AND;**
6. Patient has moderate to severe weakness that that interferes with daily functions.

**DENIAL CRITERIA**<sup>1,2,3</sup>

1. Failure to meet approval criteria.

**CAUTIONS**<sup>1,2</sup>

- Can cause paresthesia/dysesthesia, abdominal pain, dyspepsia, dizziness, and nausea.
- Consider discontinuation or dose reduction for patients that have a seizure while on treatment.
- The concomitant use of drugs that lower seizure threshold may lead to an increased risk of seizures.
- Concomitant use of drugs with cholinergic effects can increase the risk of adverse reactions.

**DURATION OF APPROVAL**

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months if the patient is responding positively based on clinical muscle strength and the patient hasn't had any seizures.

**QUANTITY LIMITS**

- Ruzurgi® 10 tablets per day. Max daily dose 100mg.
- Firdapse® 8 tablets per day. Max daily dose 80mg.

ALASKA MEDICAID  
Prior Authorization Criteria

**REFERENCES / FOOTNOTES:**

1. Ruzurgi® [prescribing information]. Princeton, NJ. Jacobus Pharmaceutical Company Inc. May 2019.
2. Firdapse® tablets [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc.; November 2018.
3. Kesner VG, Oh SJ, Dimachkie MM, et al. Lambert-Eaton Myasthenic Syndrome. *Neurol Clin.* 2018;36(2):379-394.