



**GEORGIA MEDICAID FEE-FOR-SERVICE
LAMBERT-EATON MYASTHENIC SYNDROME AGENTS PA SUMMARY**

Preferred	Non-Preferred
Firdapse (amifampridine)* Guanidine generic Ruzurgi (amifampridine)*	N/A

*preferred but requires PA

LENGTH OF AUTHORIZATION: Initial: 3 months; repeat: 1 year

NOTE: Firdapse and Ruzurgi are preferred but requires prior authorization (PA).

PA CRITERIA:

Firdapse

- ❖ Approvable for members 18 years of age or older with a diagnosis of Lambert-Eaton myasthenic syndrome (LEMS) confirmed with electrodiagnostic or neurophysiology studies or with a positive anti-P/Q type voltage-gated calcium channel antibody test who have moderate or severe muscle weakness

AND

- ❖ Must be prescribed by or in consultation with a neurologist.

Ruzurgi

- ❖ Approvable for members 6 to 16 years of age or older with a diagnosis of Lambert-Eaton myasthenic syndrome (LEMS) confirmed with electrodiagnostic or neurophysiology studies or with a positive anti-P/Q type voltage-gated calcium channel antibody test who have moderate or severe muscle weakness

AND

- ❖ Must be prescribed by or in consultation with a neurologist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.