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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firdapse (amifampridine)*</td>
<td>N/A</td>
</tr>
<tr>
<td>Guanidine generic</td>
<td></td>
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<tr>
<td>Ruzurgi (amifampridine)*</td>
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</tbody>
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*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.