



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: August 14<sup>th</sup>, 2019*

**Quantity Limit Name:** Ruzurgi

**Products Affected:** Ruzurgi (amifampridine) oral tablets

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): \_\_\_\_\_

**Limits to be applied:**

- Patients 6 to less than 17 years of age weighing 45 kg or more:  
Ruzurgi 10 mg tablets: 300 tablets per 30 days (MDD of 100 mg/day)
  
- Patients 6 to less than 17 years of age weighing less than 45 kg:  
Ruzurgi 10 mg tablets: 150 tablets per 30 days (MDD of 50 mg/day)

**References:**

1. Ruzurgi (amifampridine) [prescribing information]. Princeton, NJ: Jacobus Pharmaceutical Company, Inc; May 2019.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	08/12/2019

Last Rev. August 12, 2019

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