RUZURGI®
(amifampridine) 10 mg Tablets

PATIENT TREATMENT FORM

Please complete and FAX this completed form to: PANTHERx Specialty Pharmacy at 877-203-8844.
For additional information please call: 844-RUZURGI (844-789-8744) 8 am- 8 pm ET M-F.
Please include copy of insurance card.

PATIENT INFORMATION

First Name: _____ Last Name: _____ Last 4 Digits of SSN: _____
Date of Birth: ____ / ____ / _____ Gender (circle): Male / Female
Weight (**kg**): _____ Date of Weight Recorded: ___ / ___ / _____
Allergies: _____
Medications: _____
Preferred Phone: (_____)_____-_____ Home / Mobile / Work
Alternate Phone: (_____)_____-_____ Home / Mobile / Work
Patient Address: _____
US Resident (circle): Yes / No
Caregiver Name (if different from the patient): _____Relationship to the Patient: _____

By signing here, I authorize the use and disclosure of my PHI as explained on page 2.
Patient Signature: _____ Date: _____

Parent/Guardian Signature (if patient is a minor): _____ Date: _____

PRESCRIPTION INSURANCE

Prescription Insurance Name: _____ Phone: (_____)_____-_____
Policyholder Name: _____ Date of Birth: ____ / ____ / _____
Cardholder ID Number: _____ Group: _____BIN: _____ PCN: _____
Policyholder's relationship to Patient: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
Prescriber NPI#: _____
Provider License #: _____
Facility Name: _____
Phone: (_____)_____-_____ Fax: (_____)_____-_____
Email: _____
Office Contact Name: _____
Facility Address: _____
_____

CLINICAL INFORMATION

Select Primary ICD-10 Code:
□ G70.80 Lambert-Eaton Syndrome, Unspecified
□ G73.10 Lambert-Eaton in Neoplastic Disease
□ G70.81 Lambert-Eaton Syndrome in Diseases classified elsewhere
□ Other: _____

RUZURGI® PRESCRIPTION INFORMATION

RUZURGI® 10 mg tablets Quantity: _____ Refills: _____

Directions: _____
_____

By signing here, I agree to the prescriber certification as explained on page 2.

Dispense As Written: Prescriber's Signature: _____ Date: _____
(No stamps – original signature required)
Substitution Permitted: Prescriber's Signature: _____ Date: _____
(No stamps – original signature required)

PATIENT AUTHORIZATION

I authorize my above-referenced physician and pharmacy (including any specialty pharmacies and other health care providers) to disclose my Protected Health Information (PHI), including, but not limited to, the information provided on this RUZURGI® Patient Treatment Form, my medical records, information related to my medical condition(s) and treatment, lab values, insurance coverage information, my name, address telephone number, and the last 4 digits of my Social Security number, to Jacobus and companies working with Jacobus (including specialty pharmacies generally and PANTHERx Specialty Pharmacy specifically). Once my PHI has been disclosed to any or all of these parties, I understand that my information may no longer be protected by law and that companies working with Jacobus may receive payment in exchange for my data and/or providing product support or reimbursement services to me, or for other commercial purposes. This authorization is valid until revoked, unless a shorter period is required by state law. I understand that I do not have to agree to the use and disclosure of my PHI in order to receive RUZURGI®, but without this authorization I may not be able to receive Support Services related to my prescription (but which services are not necessary for me to take RUZURGI®). I understand that I may revoke this authorization at any time by contacting a RUZURGI® support representative by telephone at 1-844-RUZURGI (844-789-8744) or by mailing a letter to Jacobus, Attn: RUZURGI® Support Program, 37 Cleveland Lane, P.O. Box 5290, Princeton, NJ 08450. Once authorization has been revoked or expired, I understand my PHI will not be further disclosed, but that information previously disclosed prior to the revocation or expiration cannot be retrieved. I understand that my authorization and enrollment in the RUZURGI® Treatment Program is not a guarantee of coverage or access to RUZURGI® (including to free product or copayment assistance) and that the sole purpose of this Program is to help me to have improved access and product support. I understand that, to the extent that any free product is furnished to me, I may not seek reimbursement for it from any insurance or third party. I also understand that I am not eligible for copay assistance, should any be available, if I am enrolled in any federal health care program.

PRESCRIBER CERTIFICATION

I certify that the information provided in this RUZURGI® (amifampridine) 10 mg Tablets Patient Treatment Form is complete and accurate to the best of my knowledge. I have prescribed RUZURGI® based on my judgement of medical necessity, as documented in the patient's medical record, and I will supervise the patient's medical treatment. I certify I have obtained the above referenced patient's written authorization in accordance with applicable state and federal laws including the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations to provide the individually identifiable health information on this form to agents and service providers of Jacobus Pharmaceutical Company, Inc. (including but not limited to RUZURGI® dispensing pharmacies) for benefits eligibility, coverage authorization and coordination and dispensing of RUZURGI®. I authorize the forwarding of this Patient Treatment Form (and the information included herein) to PANTHERx Specialty Pharmacy. I understand that enrollment of the above referenced patient in the RUZURGI® Treatment Program is not a guarantee of coverage or access to RUZURGI® (including to free product or copayment assistance) and that the sole purpose of this Program is to help to facilitate improved access and product support to the patient. I understand that, to the extent that any free product is furnished to the patient, neither I nor the patient may seek reimbursement for any such free product received under any RUZURGI® program. I also understand that the patient is not eligible for copay assistance, should any be available, if he/she is enrolled in any federal health care program. If the patient has requested a shipment to my office, I agree not to receive any compensation for dispensing the product and I will clearly label and dispense only for use by the patient referenced on this application.

MEDICATION GUIDE
RUZURGI® (rew-ZUR-jee)
(amifampridine)
tablets, for oral use

Read this Medication Guide before you start taking RUZURGI and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment.

What is the most important information I should know about RUZURGI?
RUZURGI can cause seizures.

- You could have a seizure even if you never had a seizure before.
- **Do not** take RUZURGI if you have ever had a seizure.

Stop taking RUZURGI and call your doctor right away if you have a seizure while taking RUZURGI.

What is RUZURGI?
RUZURGI is a prescription medicine used to treat Lambert-Eaton myasthenic syndrome (LEMS) in children 6 to less than 17 years of age.
It is not known if RUZURGI is safe or effective in children less than 6 years of age.

Do not take RUZURGI if you:

- have ever had a seizure.
- are allergic to amifampridine or another aminopyridine. Talk to your doctor if you are not sure.

Before you take RUZURGI, tell your doctor about all of your medical conditions including if you:

- are taking another aminopyridine, such as as compounded 3,4-diaminopyridine (3,4-DAP), 4-aminopyridine, or pyridostigmine.
- have had a seizure.
- have kidney problems.
- have liver problems.
- are pregnant or planning to become pregnant. It is not known if RUZURGI can harm your unborn baby. You and your doctor should decide if you will take RUZURGI while you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if RUZURGI passes into your breastmilk. Talk to your doctor about the best way to feed your baby while taking RUZURGI.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I take RUZURGI?

- **See the detailed "Instructions for Use" on how to take and prepare a suspension of RUZURGI if your dose is less than 5mg, you have trouble swallowing tablets, or you need a feeding tube.**
- Take RUZURGI exactly as your doctor tells you to take it.
- **Do not** change your dose of RUZURGI.
- **Do not** stop taking RUZURGI without first talking to your doctor**.**
- RUZURGI tablets are scored and can be cut if less than a full tablet is needed for you to get the right dose.
- RUZURGI can be taken with or without food.
- If you miss a dose of RUZURGI, skip that dose and take your next dose at your next scheduled dose time.
- **Do not** take RUZURGI together with other medicines known to increase the risk of seizures such as aminopyridine medicines, including:
  - compounded 3,4-diaminopyridine (amifampridine)
  - amifampridine phosphate
  - 4-aminopyridine
- If you take too much RUZURGI, call your doctor or go to the nearest hospital emergency room right away.

What are the possible side effects of RUZURGI?

RUZURGI may cause serious side effects, including:

- **Seizures. See "What is the most important information I should know about RUZURGI?"**
- **Serious allergic reactions, such as anaphylaxis.** RUZURGI can cause serious allergic reactions. Stop taking RUZURGI and call your doctor right away or get emergency medical help if you have:
  - shortness of breath or trouble breathing
  - swelling of your throat or tongue
  - hives

The most common side effects of RUZURGI include:

- tingling around the mouth, tongue, face, fingers, toes, and other body parts
- stomach pain
- indigestion
- dizziness
- nausea

Tell your doctor if you have any side effect that bothers you or does not go away.

These are not all the possible side effects of RUZURGI.

Call your doctor for medical advice about side effects. **You may report side effects to FDA at 1-800-FDA-1088.**

How should I store RUZURGI?

- Store RUZURGI tablets in the container from the pharmacy at room temperature between 68°F to 77°F (20°C to 25°C) for up to 3 months.
- Refrigerate prepared RUZURGI oral suspension between doses for up to 24 hours.
- Safely throw away medicine that is no longer needed or out of date.

Keep RUZURGI and all medicines out of the reach of children.

General Information about the safe and effective use of RUZURGI

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use RUZURGI for a condition for which it was not prescribed. Do not give RUZURGI to other people, even if they have the same symptoms that you have. It may harm them.

If you would like more information, talk with your doctor or pharmacist. You can ask your pharmacist or doctor for information about RUZURGI that is written for health professionals.

What are the ingredients in RUZURGI?

Active ingredient: amifampridine (also called 3,4-diaminopyridine)

Inactive ingredients: colloidal silicon dioxide, dibasic calcium phosphate dihydrate, magnesium stearate, microcrystalline cellulose, and sodium starch glycolate

Distributed by Jacobus Pharmaceutical Company, Inc.
Princeton, NJ 08540

Manufactured by Jacobus Pharmaceutical Company, Inc. Plainsboro, NJ
For more information, go to www.RUZURGI.com or call 609-921-7447.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Issued: 5/2019