**Louisiana Medicaid**
**Arimoclomol (Miplyffa™)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for arimoclomol (Miplyffa™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

## Approval Criteria for Initiation of Therapy

- The recipient is 2 years of age or older on the date of the request; **AND**
- The recipient has a documented diagnosis of Niemann-Pick disease type C (NPC) confirmed by genetic testing identifying disease-causing alleles in NPC1 or NPC2; **AND**
- The recipient has at least mild disease-related neurological symptoms; **AND**
- The recipient is receiving Miplyffa™ as add-on therapy in combination with miglustat.

## Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy demonstrated by improvements in neurological symptoms or functional status; **AND**
- The recipient is receiving Miplyffa™ as add-on therapy in combination with miglustat.

**Duration of approval for initiation and continuation of therapy: 12 months**

## Reference

Miplyffa (arimoclomol) [package insert]. Celebration, FL: Zevra Therapeutics Inc.; September 2024. https://zevra.com/documents/MIPLYFFA-Prescribing-Information.pdf

| Revision / Date | Implementation Date |
|---|---|
| Policy created / November 2024 | March 2025 |