Firdapse (amifampridine)

Coverage Criteria:

Reserved for patients who meet the following criteria:

1. Prescribed by a neurologist; and,
2. Patient is diagnosed with Lambert-Eaton myasthenic syndrome (LEMS); and,
3. LEMS diagnosis is confirmed with one of the following diagnostic tests:
    a. Positive anti P/Q type voltage gated calcium channel antibody test; or,
    b. Repetitive nerve testing stimulation; and,
4. Patient has a Myasthenia Gravis Foundation of America Clinical Classification of II-IV (ie. patient symptoms are not limited to only ocular weakness and patient is not reliant on external ventilation); and,
5. Patient does not have a history of seizures; and,
6. Patient has tried and failed at least one of the following therapies (exceptions will be made for patients with contraindications):
    a. Pyridostigmine; or,
    b. Oral corticosteroids; and,
7. Prescribed within FDA approved dosing regimen.

Coverage Duration:

Initial authorization will be provided for 6 months
Reauthorization will be provided for 12 months

Other Criteria:
Firdapse 10 mg tablet maximum of: 240 tablets per 30 days

Renewal Criteria:
1. Patient has been seen by their prescriber in the past 12 months; and,
2. Patient has improvement in symptoms documented in the medical record.

P&T Date: 7/22/2019, 11/14/2022
Effective Date: 10/1/2019, Updated 10/13/2022, 12/21/2022