

## amifampridine (FIRDAPSE)

### Diagnosis Considered for Coverage:

- Lambert-Eaton myasthenic syndrome (LEMS)

### Coverage Criteria:

#### For diagnosis listed above:

#### INITIAL REQUEST

- Patient is at least 6 years old, **and**
- Patient does NOT have a history of seizures, **and**
- Patient is NOT allergic to another aminopyridine (e.g. Ampyra), **and**
- Not being used in combination with another aminopyridine drug (e.g. Ampyra), **and**
- Dose does not exceed FDA label maximum, **and**
- Diagnosis confirmed by a Neurologist via a proximal muscle weakness test.

**Coverage Duration:** 1 year

#### REAUTHORIZATION

- Patient is benefitting from treatment with Firdapse (i.e. patient has experienced an improvement, has maintained baseline muscle function, or slowed disease progression), **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** 1 year

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Effective Date: 09/27/2023