Mass General Brigham
Health Plan

Firdapse (amifampridine)
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Amifampridine increases acetylcholine release in nerve terminals via potassium channel blockade

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Firdapse excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Firdapse
1. The member has a diagnosis of symptomatic Lambert-Eaton myasthenic syndrome (LEMS)
2. The member is ≥ 6 years of age
3. The prescriber specialty is a neurologist or medication is being prescribed in consultation with a neurologist
4. The member meets one of the following laboratory results confirming the diagnosis:
    a. Neurophysiology study tests
    b. Positive anti-P/Q type voltage-gated calcium channel antibody test

Continuation of Therapy
Reauthorization requires physician documentation of improvement of member's condition.

Limitations
1. Initial approvals will be for 6 months.
2. Reauthorizations will be for 12 months
3. The following quantity limits apply:

Firdapse (amifampridine) 10mg	240 tablets per 30 days

References

1. Firdapse (amifampridine) [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; November 2018.
2. Lindquist S, Stangel M. Update on treatment options for Lambert-Eaton myasthenic syndrome: focus on use of amifampridine. *Neuropsychiatr Dis Treat*. 2011;7:341-349. doi: 10.2147/NDT.S10464.[PubMed 21822385]
3. Pelufo-Pellicer A, Monte-Boquet E, Romá-Sánchez E, Casanova-Sorní C, Poveda-Andrés JL. Fetal exposure to 3,4-diaminopyridine in a pregnant woman with congenital myasthenia syndrome. *Ann Pharmacother*. 2006;40(4):762-766.[PubMed 16537815]
4. Wirtz PW, Titulaer MJ, Gerven JM, Verschuuren JJ. 3,4-diaminopyridine for the treatment of Lambert-Eaton myasthenic syndrome. *Expert Rev Clin Immunol*. 2010;6(6):867-874. doi: 10.1586/eci.10.57.[PubMed 20979551]

Review History

09/16/2020 – Reviewed and approved Sept P&T Mtg. Effective 11/01/20.
11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. Removed Ruzurgi from criteria as product is discontinued. Effective 01/01/2023.
11/15/2023 – Reviewed and Updated; Updated age requirement from 18 years and older to > 6 years. Effective 1/1/2024