Mass General Brigham
Health Plan

Firdapse (amifampridine)
Effective 08/01/2025

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
Firdapse (amifampridine) is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults and pediatric patients 6 years of age and older.

Coverage Guidelines
Authorization may be reviewed for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, 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:

1. Diagnosis of symptomatic Lambert-Eaton myasthenic syndrome (LEMS)
2. Member is 6 years of age or older
3. Requested medication is prescribed by or 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

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted demonstrating an 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:

Drug Name and Dosage Form	Quantity Limitations
Firdapse (amifampridine) 10mg tablet	240 tablets per 30 days

References

1. Firdapse (amifampridine) [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; May 2024.
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
05/14/12025 – Reviewed and updated at May P&T. Updated language for members who are new to the plan. Clarified documentation requirements. Effective 08/01/2025.