

**FIRDAPSE
(amifampridine)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Lambert-Eaton myasthenic syndrome (LEMS)

AND ALL of the following:

1. LEMS diagnosis confirmed using **ONE** of the following:
 - a. Positive autoantibody test against voltage-gated calcium channels (VGCC)
 - b. Significant increased compound muscle action potential (CMAP) following high-frequency repetitive nerve stimulation (RNS) or evidence of post-exercise facilitation, characterized by enhanced deep tendon reflexes and muscle strength
2. Patient does **NOT** have a history of seizures
3. Prescriber agrees to monitor for use with acetylcholinesterase inhibitors (which enhance the cholinergic effect of Firdapse) or other medications that can lower the seizure threshold

Prior - Approval Limits

Quantity 100 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Lambert-Eaton myasthenic syndrome (LEMS)

**FIRDAPSE
(amifampridine)**

AND ALL of the following:

1. Patient does **NOT** have a history of seizures
2. Prescriber agrees to monitor for use with acetylcholinesterase inhibitors or other medications that can lower the seizure threshold
3. Patient has a documented improvement since beginning therapy

Prior - Approval *Renewal* Limits

Same as above