

<b>POLICY NAME</b>	Firdapse (amifampridine)	<b>POLICY #</b>	2713P
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## Criteria

### Coverage Criteria

- ☐ 1.1 Documented diagnosis of Lambert-Eaton myasthenic syndrome (LEMS) confirmed by at least one electro diagnostic study (e.g., repetitive nerve stimulation) or anti-P/Q-type voltage-gated calcium channel antibody test
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Documented moderate to severe weakness without muscle atrophy that interferes with daily functions
- ☐ 1.4 Ordered by or in consultation with a neurologist (doctor of the brain and nervous system) or oncologist (cancer doctor)
- ☐ 1.5 Requests for treatment in patients with an active cancer diagnosis will be reviewed on a case-by-case basis by a pharmacist and medical director.

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Patients with known epilepsy or other seizure disorder