

POLICY NAME	Firdapse (amifampridine)	POLICY #	2713P
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Criteria

Coverage Criteria

- ☐ 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
- ☐ Age 18 years or older
- ☐ Documented moderate to severe weakness without muscle atrophy that interferes with daily functions
- ☐ Ordered by or in consultation with a neurologist (doctor of the brain and nervous system) or oncologist (cancer doctor)
- ☐ 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

- ☐ Patients with known epilepsy or other seizure disorder