Original Effective Date: 04/01/2019
Current Effective Date: 06/28/2025
Last P&T Approval/Version: 04/30/2025
Next Review Due By: 04/2026
Policy Number: C15969-A

Firdapse (amifampridine)

PRODUCTS AFFECTED

Firdapse (amifampridine phosphate)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Lambert-Eaton myasthenic syndrome (LEMS)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. LAMBERT-EATON MYASTHENIC SYNDROME:
1. Documented diagnosis of Lambert-Eaton Myasthenic Syndrome (LEMS)

AND

2. Documentation diagnosis is based on ONE of the following:
   (a) Documentation of confirmatory diagnostic test results including: Repetitive Nerve Stimulation (RNS) testing showing reproducible post-exercise increase in compound muscle action potential (CMAP) amplitude of at least 60 percent compared with pre-exercise baseline value or a similar increment on high-frequency repetitive nerve stimulation without exercise
   OR
   (b) Positive anti-P/Q type voltage-gated calcium channel antibody test
   AND
3. Documentation of clinical symptoms of LEMS (i.e., proximal weakness affecting legs, eyes, face, throat)
   AND
4. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to amifampridine include: a history of seizures, hypersensitivity to amifampridine or another aminopyridine]

CONTINUATION OF THERAPY:

A. LAMBERT-EATON MYASTHENIC SYNDROME:

1. Documentation of clinical improvement in symptoms (e.g., function or weakness)
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a neurologist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

6 years of age and older

QUANTITY:

Members weighing ≥45 kg: max of 100 mg daily dose, max single dose of 20mg
Members weighing <45 kg: max of 50 mg daily dose, max single dose of 10mg

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Antimyasthenic/Cholinergic Agent

FDA-APPROVED USES:

Indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults and pediatric patients 6 years of age and older

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Lambert-Eaton myasthenic syndrome (LEMS) is a rare autoimmune disorder in which pre-synaptic release of acetylcholine from neurotransmitters is impaired. Antibodies directed against voltage- gated calcium channels (VGCCs) interfere with normal calcium flux required for release of acetylcholine. LEMS symptoms usually begin with leg weakness often followed by weakness in the muscles of the eyes, face, and throat. In some cases, weakness temporarily improves after exertion (post-tetanic potentiation). These symptoms affect patients' ability to perform daily activities and negatively impact quality of life. Unlike Myasthenia Gravis, LEMS does not have a severe effect on vital muscles (i.e., those involved in respiration).
Approximately 50% of LEMS cases are associated with a malignancy, mainly Small Cell Lung Cancer. It is believed that in patients that have LEMS associated with a malignancy, cancer cells contain antigens that mimic VGCCs and induce production of VGCC antibodies. This is one reason that when patients with LEMS and a malignancy are treated with chemotherapy, their LEMS symptoms often improve. Patients with LEMS and associated malignancy are older at age of onset (average onset 60 years old) and typically have a history of long-term smoking (all patients with SCLS). LEMS patients without a malignancy have a younger average age of onset (35 years). In these patients, VGCC antibodies are likely produced as part of the patient's general autoimmune state.
Current treatment strategies include initial therapy with medications that increase the amount of acetylcholine available at the post-synaptic membrane including pyridostigmine, 3,4-DAP (base form of amifampridine), and guanidine. Since pyridostigmine is more readily available and is well- tolerated, it is usually the first therapy tried although it is only mildly effective. Low-dose guanidine can also be used to treat LEMS in combination with pyridostigmine, but due to concerns about toxicity, it is a less- preferable option if 3,4-DAP (or amifampridine) is available. Pyridostigmine has also been used in combination with 3,4-DAP but benefit of the addition of pyridostigmine has not been proven.
For patients with inadequate response to initial therapies, immunosuppressive or immune- modulating therapies are usually the next step in treatment. These therapies often include IVIG, plasma exchange, prednisone, and azathioprine.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of amifampridine are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to amifampridine include: a history of seizures, hypersensitivity to amifampridine phosphate, aminopyridines, or any component of the formulation.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-*

standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Firdapse TABS 10MG

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
5. Abenroth DC, Smith AG, Greenlee JE, et al. Lambert-Eaton myasthenic syndrome: Epidemiology and therapeutic response in the national veterans affairs population. MuscleNerve. 2017 Sep;56(3):421-26
6. Yoon CH, Owusu-Guha J, Smith A, Buschur P. Amifampridine for the management of Lambert- Eaton myasthenic syndrome: a new take on an old drug. Ann Pharmacother. 2020;54(1):56-63

SUMMARY OF REVIEW/REVISIONS	DATE
ANNUAL REVIEW COMPLETED- No coverage criteria changes with this annual review.	Q2 2025
REVISION-Notable Revisions: Quantity References	Q3 2024
REVISION-Notable Revisions: Required Medical Information Continuation of Therapy References	Q2 2024
REVISION-Notable Revisions: Required Medical Information Continuation of Therapy Quantity FDA-Approved Uses Available Dosage Forms	Q2 2023
REVISION-Notable Revisions: Age Restrictions References	Q4 2022

REVISION-Notable Revisions: Required Medical Information Age Restrictions Quantity References	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file