Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Amifampridine (Firdapse)

Notes:

• Quantity Limits: Yes

Non-Formulary **amifampridine** (**Firdapse**) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Nonformulary amifampridine (Firdapse) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by Neurologist with specialty in neuromuscular disorders
- Patient has a diagnosis of Lambert-Eaton Myasthenic Syndrome (LEMS)
- Patient is 6 years of age or older
- Patient has a forced vital capacity of 60% or higher
- Patient is ambulatory
- Patient does NOT have a seizure disorder OR active brain metastasis

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary amifampridine
(Firdapse) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient has a diagnosis of Lambert-Eaton Myasthenic Syndrome (LEMS)
- Patient is 6 years of age or older
- Patient is ambulatory
- Patient can breathe without assisted ventilation
- Patient does NOT have a seizure disorder

<u>Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication</u>: Non-formulary amifampridine (Firdapse) will continue to be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Prescribed by Neurologist with specialty in neuromuscular disorders
- Patient is ambulatory

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Revised: 08/08/24 Effective: 10/17/24 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



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- Patient can breathe without assisted ventilation
- Patient does NOT have a seizure disorder
- Patient has experienced clinical improvement on medication, as documented by neurologist

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