Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	September 22, 2020 May 5, 2023, July 19, 2023

FIRDAPSE® (amifampridine)

LENGTH OF AUTHORIZATION: 6 MONTHS

REVIEW CRITERIA:

- Patient is ≥ 6 years old for Firdapse; **AND**
- Patient has a diagnosis of Lambert-Eaton Myasthenic Syndrome (LEMS) confirmed by a positive anti-P/Q type voltage-gated calcium channel antibody test; **AND**
- Patient does not have a history of seizures; **AND**
- Patient does not have a hypersensitivity to amifampridine or another aminopyridine (such as dalfampridine [Ampyra®]).

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Patient must demonstrate disease improvement, stabilization, and/or slowing in the rate of decline as a result of the medication; **AND**
- Patient has not experienced any treatment-restricting adverse effects.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/