



PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 5/16/19
LAST REVIEW DATE: 5/16/19
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

FIRDAPSE® (amifampridine) oral tablet

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy 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 BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

FIRDAPSE® (amifampridine) oral tablet (cont.)

Criteria:

- **Criteria for initial therapy:** Firdapse (amifampridine) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Prescriber is a physician specializing in Neurology or is in consultation with a Neurologist
 2. Individual is 18 years of age or older
 3. A confirmed diagnosis of Lambert-Eaton myasthenic syndrome
 4. Individual has moderate to severe proximal muscle weakness that interferes with daily function
 5. Individual has a baseline Quantitative Myasthenia Gravis (QMG) test score of 5 or more
 6. **ONE** of the following baseline tests have been completed before initiation of treatment with continued monitoring as clinically appropriate:
 - Individual is positive for anti-P/O type voltage-gated calcium channel (VGCC)
 - Electrophysiologic studies such as repetitive nerve stimulation abnormalities with **all** of the following results:
 - Low compound muscle action potential (CMAP)
 - A decrement of > 10% at low frequency (1-5Hz)
 - A increment of > 100% after maximum voluntary contraction or at high frequency (50Hz)
 7. Individual has a failure, contraindication or intolerance to:
 - Guanidine with or without pyridostigmine
 8. Will not be used in end-stage renal disease (creatinine clearance < 15 mL/min)
 9. Will not be used in an individual on dialysis
 10. Will not be used with Ampyra (dalfampridine)
 11. There are **NO** contraindications
 - Contraindications include:
 - History of seizures
 - Hypersensitivity to amifampridine or another aminopyridine such as Ampyra (dalfampridine)

Initial approval duration: 3 months

- **Criteria for continuation of coverage (renewal request):** Firdapse (amifampridine) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:

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1. Individual continues to be seen by a physician specializing in Neurology or is in consultation with a Neurologist
2. Individual's condition responded while on therapy
 - Response is defined as **ALL** of the following:
 - Achieved and maintains **ONE** of the following:
 - At least a 2.6 units or more improvement in QMG score
 - At least a 20% improvement in Triple Timed Up and Walk test
 - At least a 60% increase in CAMP
 - No evidence of disease progression
 - Functionality retained in most activities of daily living
3. Individual has been adherent with the medication
4. Individual has not developed any contraindications or other significant level 4 adverse drug effects that may exclude continued use
 - Contraindications as listed in the criteria for initial therapy section
 - Significant adverse effect such as:
 - Seizures
5. Will not be used in end-stage renal disease (creatinine clearance < 15 mL/min)
6. Will not be used in an individual on dialysis
7. Will not be used with Ampyra (dalfampridine)
8. There are no significant interacting drugs

Renewal duration: 12 months

- Firdapse (amifampridine) for all other indications not previously listed or if above criteria not met is considered ***experimental or investigational*** based upon:
1. Lack of final approval from the Food and Drug Administration, and
 2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 3. Insufficient evidence to support improvement of the net health outcome, and
 4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to:*

- Treatment with dosing or frequency outside the FDA-approved dosing and frequency

FIRDAPSE® (amifampridine) oral tablet (cont.)

Description:

Firdapse (amifampridine) is a broad spectrum voltage-gated potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults. Amifampridine is also known as 3,4-diaminopyridine (3,4-DAP).

LEMS is a disorder of the neuromuscular junction (NMJ), characterized by slowly progressive proximal muscle weakness, depressed or absent deep tendon reflexes, and autonomic dysfunction. LEMS is caused by antibodies against the voltage-gated calcium channel (VGCC) at the pre-synaptic side of the muscle endplate. The antibodies inhibit acetylcholine release and cause neuromuscular transmission (NMT) failure and muscle weakness.

Antibodies to peripheral nerve P/Q-type VGCC antibodies are present in the serum of at least 85-90% of LEMS patients. These antibodies cause a downregulation of VGCC, lowering the amount of presynaptic calcium and thereby reducing the quantal release of acetylcholine. Other antibody targets such as synaptotagmin and presynaptic M1 muscarinic acetylcholine receptors may be involved in the remaining 15% of LEMS patients.

LEMS is characterized by ascending muscle weakness starting in the proximal lower limb muscles and is associated with autonomic dysfunction. In 50-60% of the patients with LEMS a small cell lung carcinoma (SCLC) will be found. The diagnosis of LEMS almost invariably precedes the discovery of SCLC. Consequently, a diagnosis of LEMS should prompt a vigorous screening for SCLC with treatment of the tumor an essential component of therapy. The prognosis of LEMS is strongly effected by the association with SCLC. Life expectancy depends on the presence and treatment of the lung cancer.

The diagnosis of LEMS is centered on clinical signs and symptoms, electrophysiological studies, and antibody testing. The electrophysiological study of choice is the repetitive nerve stimulation (RNS) test. The amplitude of the first compound muscle action potential (CMAP) is low in LEMS and becomes lower at low stimulation frequencies. A decrease of CMAP amplitude of at least 10% is considered abnormal. To differentiate LEMS from myasthenia gravis (MG) a high frequency stimulation or a post-exercise stimulation is performed. An increase in CMAP amplitude higher than 100% is considered abnormal in LEMS. An abnormal single fiber EMG (SFEMG) can confirm a disorder of the neuromuscular junction, but is nonspecific.

Treatment for LEMS is mainly symptomatic. Symptomatic therapies aim to increase the concentration of acetylcholine at the muscle endplate. Acetylcholinesterase inhibitors, such as pyridostigmine, were the first drugs used for the improvement of symptoms. The mechanism of action of increasing synaptic acetylcholine was the proposed benefit for their use. They are not used as first line therapy due to having only a marginal effective but they can be used as add-on therapy.

Guanidine hydrochloride was the first agent that showed a benefit in the symptomatic relief of LEMS. Guanidine hydrochloride can increase the concentration of free intracellular calcium by blocking the respiratory chain and potassium channels, prolong the action potential at the nerve terminal, or facilitate calcium channels. Studies have demonstrated that guanidine enhances the release of acetylcholine. Guanidine has been shown to improve electromyographic parameters and muscle strength effectively in multiple case reports. Side effects include bone marrow depression and renal failure. Initial dosage is 10-15 mg/kg per day in 3 or 4 divided doses with gradual increase to 35 mg/kg per day or up to the development of side effects.

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Amifampridine (3,4-diaminopyridine) blocks presynaptic potassium channels, in so doing it prolongs the action potential and increases presynaptic calcium concentrations. It has been shown to be more effective than acetylcholinesterase inhibitors. Amifampridine can cause seizures. Seizures have been observed in patients without a history of seizures taking amifampridine at the recommended doses, at various times after initiation of treatment. Seizures may be dose dependent

Immunotherapy is used in more severely affected patients. Treatment recommendations for conventional immunosuppression are similar to the recommendations for MG. Prednisolone plus a steroid-sparing agent, such as azathioprine, mycophenolate mofetil, cyclosporine, or methotrexate, is used. Plasmapheresis can stabilize the patient in a LEMS crisis. Alternatively, intravenous immunoglobulins have been shown to improve limb strength. Immunosuppression is only recommended for patients in whom symptomatic treatment is not sufficient.

Patients with LEMS who have mild weakness that does not interfere with daily function can be monitored without the use of symptomatic or immunologic therapy. For patients with moderate or severe weakness that does interfere with daily function amifampridine is suggested as first choice treatment. If amifampridine is not tolerated or is unavailable, low-dose guanidine with or without pyridostigmine could be considered.

Other autoimmune neurotransmission disorders include MG and neuromyotonia. MG is caused by autoantibodies against components of the post-synaptic neuromuscular junction. The autoimmune attack at the muscle endplate leads to NMT failure and muscle weakness. Neuromyotonia (or peripheral nerve hyper-excitability; Isaacs' syndrome) is caused by antibodies to nerve voltage gated potassium channels (VGKC) that produce nerve hyper-excitability and spontaneous and continuous skeletal muscle over-activity presenting as twitching and painful cramps and stiffness.

Definitions:

Criteria for diagnosis of LEMS:

Clinical features should be present (proximal muscle weakness is required), combined with VGCC antibodies, **or** repetitive nerve stimulation abnormalities, **or** both

Clinical features

- Proximal muscle weakness – required
- Autonomic symptoms
- Reduced tendon reflexes

Voltage-gated Calcium Channel antibodies (VGCC)

Repetitive nerve stimulation abnormalities

- Low compound muscle action potential (CMAP)
- And decrement > 10% at low frequency (1-5Hz)
- And increment > 100% after maximum voluntary contraction or at high frequency (50Hz)

Quantitative Myasthenia Gravis (QMG) score:

A 13-item physician-rated categorical scale assessing muscle weakness

Each item is assessed on a 4-point scale: score of 0 = no weakness and a score of 3 = severe weakness

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Total score can range: 0-39

Higher scores represent greater impairment

More than 2.6 units of change in QMG score is of clinical significant

| Quantitative Myasthenia Gravis (QMG) Test | | | | | |
|--|--------------------|-------------------------------------|---|-----------------|--------------|
| Test Item Weakness | None | Mild | Moderate | Severe | Score |
| Grade | 0 | 1 | 2 | 3 | |
| Double vision (lateral gaze), sec | 60 | 11-59 | 1-10 | Spontaneous | |
| Ptosis (upward gaze), sec | 60 | 11-59 | 1-10 | Spontaneous | |
| Facial muscles | Normal lid closure | Complete, weak, some resistance | Complete, no resistance | Incomplete | |
| Swallowing 4 oz. water | Normal | Minimal coughing or throat clearing | Severe coughing, choking or nasal regurgitation | Cannot swallow | |
| Speech following counting aloud 1-50 (onset of dysarthria) | None @ #50 | Dysarthria @ #30-49 | Dysarthria @ #10-29 | Dysarthria @ #9 | |
| Right arm outstretched (90° sitting), sec | 240 | 90-239 | 10-89 | 0-9 | |
| Left arm outstretched (90° sitting), sec | 240 | 90-239 | 10-89 | 0-9 | |
| Forced vital capacity | ≥ 80% | 65-79% | 50-64% | < 50% | |
| Right hand grip (Kg) Male Female | ≥ 45 ≥ 30 | 15-44 10-29 | 5-14 5-9 | 0-4 0-4 | |
| Left hand grip (Kg) Male Female | ≥ 35 ≥ 25 | 15-34 10-24 | 5-14 5-9 | 0-4 0-4 | |
| Head lifted (45° supine), sec | 120 | 30-119 | 1-29 | 0 | |
| Right leg outstretched (45-50° supine), sec | 100 | 31-99 | 1-30 | 0 | |
| Left leg outstretched (45-50° supine), sec | 100 | 31-99 | 1-30 | 0 | |
| Total Score | | | | | |
| Total score can range: 0-39 Higher scores represent greater impairment More than 2.6 units of change in QMG score is of clinical significant | | | | | |

Triple Timed Up and Walk Test (3TUG):

The 3TUG is a functional mobility test that requires a patient to stand up from a straight-backed armchair, walk 3 meters, turn around, walk back, and sit down in the chair. A modification of this is where the individual performs the test 3 times without pause, and the measurement is the average time required to complete each of the 3 repetitions. Based upon literature reports that a significant change in gait for a similar walk-test is an increase in time of more than 20%. This was incorporated as a secondary endpoint used in the NCT02970162 clinical trial of Firdapse (amifampridine).

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Activities of daily living (ADL):

Instrumental ADL:

Prepare meals, shop for groceries or clothes, use the telephone, manage money, etc.

Self-care ADL:

Bathe, dress and undress, feed self, use the toilet, take medications, not bedridden

Resources:

Firdapse (amifampridine) product information accessed 04-24-19 at DailyMed:

<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f015fe60-3128-4a43-8c31-19fc6b5def3f>

UpToDate: lambert-Eaton myasthenic syndrome. Current through March 2019.

Titulaer MJ, Lang B, Verschuuren J: Lambert–Eaton myasthenic syndrome: from clinical characteristics to therapeutic strategies. *Lancet Neurol* 2011; 10: 1098–107

Lindquist S and Stangel M: Update on treatment options for Lambert–Eaton myasthenic syndrome: focus on use of amifampridine. *Neuropsychiatric Disease and Treatment* 2011;7 341–349

Skeie GO, Apostolski S, Evoli A, et al.: Guidelines for treatment of autoimmune neuromuscular transmission disorders. European Federation of Neurological Societies (EFNS) Guideline. *European Journal of Neurology* 2010;17, 893–902

Keogh M, Sedehizadeh S, Maddison P: Treatment for Lambert-Eaton myasthenic syndrome. *Cochrane Database of Systematic Reviews* 2011, Issue 2. Art. No.: CD003279. DOI: 10.1002/14651858.CD003279.pub3.

Muppidi S: Outcome Measures in Myasthenia Gravis: Incorporation into Clinical Practice. *J Clinical Neuromusc Dis* 2017 March; 18 (3): 135-146

ClinicalTrials.gov NCT02970162: Phase 3 Study to Evaluate Efficacy of Amifampridine Phosphate in Lambert-Eaton Myasthenic Syndrome (LEMS).

Sanders DB, Massey J, Sanders LL, Edwards LJ: A randomized trial of 3,4-diaminopyridine in Lambert-Eaton myasthenic syndrome. *Neurology* 2000 Feb 8; 54 (3):603



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Fax completed prior authorization request form to 602-864-3126 or email to pharmacyprecert@azblue.com. Call 866-325-1794 to check the status of a request. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at www.azblue.com/pharmacy.

Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

REQUIRED: Office notes, labs, and medical testing relevant to the request that show medical justification are required.

| Member Information | | | |
|-----------------------------|----------------|---------|-------------|
| Member Name (first & last): | Date of Birth: | Gender: | BCBSAZ ID#: |
| Address: | City: | State: | Zip Code: |

| Prescribing Provider Information | | | |
|----------------------------------|---------------|-------------|-----------|
| Provider Name (first & last): | Specialty: | NPI#: | DEA#: |
| Office Address: | City: | State: | Zip Code: |
| Office Contact: | Office Phone: | Office Fax: | |

| Dispensing Pharmacy Information | | |
|---------------------------------|-----------------|---------------|
| Pharmacy Name: | Pharmacy Phone: | Pharmacy Fax: |

| Requested Medication Information | | | |
|----------------------------------|-----------|--------------|--------------------------|
| Medication Name: | Strength: | Dosage Form: | |
| Directions for Use: | Quantity: | Refills: | Duration of Therapy/Use: |

Check if requesting **brand** only Check if requesting **generic**

Check if requesting continuation of therapy (prior authorization approved by BCBSAZ expired)

| Turn-Around Time For Review | |
|---|---|
| <input type="checkbox"/> Standard <input type="checkbox"/> Urgent. Sign here: _____ | <input type="checkbox"/> Exigent (requires prescriber to include a written statement) |

Clinical Information

1. What is the diagnosis? Please specify below.

ICD-10 Code: _____ Diagnosis Description: _____

2. Yes No Was this medication started on a recent hospital discharge or emergency room visit?

3. Yes No There is absence of ALL contraindications.

4. What medication(s) has the individual tried and failed for this diagnosis? Please specify below.

Important note: Samples provided by the provider are not accepted as continuation of therapy or as an adequate trial and failure.

| Medication Name, Strength, Frequency | Dates started and stopped or Approximate Duration | Describe response, reason for failure, or allergy |
|--------------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

5. Are there any supporting labs or test results? Please specify below.

| Date | Test | Value |
|------|------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Pharmacy Prior Authorization Request Form

6. Is there any additional information the prescribing provider feels is important to this review? Please specify below.
For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

Signature affirms that information given on this form is true and accurate and reflects office notes

| | |
|-----------------------------------|-------|
| Prescribing Provider's Signature: | Date: |
|-----------------------------------|-------|

Please note: Some medications may require completion of a drug-specific request form.

Incomplete forms or forms without the chart notes will be returned.

Office notes, labs, and medical testing relevant to the request that show medical justification are required.