RXADVANCE
136 Turnpike Road
Southborough, MA 01772

Clinical Policy Title:	amifampridine
Policy Number:	RxA.120
Drug(s) Applied:	Firdapse®, Ruzurgi®
Original Policy Date:	2/7/2020
Last Review Date:	3/9/2021
Line of Business Policy Applies to:	All lines of business

Background

Amifampridine is potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults. Firdapse® is approved for use in adults; whereas, Ruzurgi® is indicated for patients 6 to less than 17 years of age.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
amifampridine (Firdapse®)	LEMS	Adult: 15 mg to 30 mg PO in 3 to 4 divided doses daily. Dose can be increased by 5 mg daily every 3 to 4 days. The maximum single dose is 20 mg.	20mg/dose & 80 mg/day
amifampridine (Ruzurgi®)		Pediatric (age 6 to less than 17 years of age) and weight 45 kg or greater: 15 to 30 mg PO in 2 to 3 divided doses. Dose can be increased by 5 mg to 10 mg increments daily, divided in up to 5 doses per day. The maximum single dose is 30 mg. Pediatric (age 6 to less than 17 years of age) and weight less than 45 kg: 7.5 mg to 15 mg PO in 2 to 3 divided doses. Dose can be increased by 2.5 mg to 5 mg increments daily, divided in up to 5 doses per day. The maximum single dose is 15 mg.	**45 kg or greater:** 30mg/dose & 100 mg/day **Less than 45 kg:** 15mg/dose & 50 mg/day

Dosage Forms

- Tablet: 10 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Lambert-Eaton Myasthenic Syndrome (must meet all):

1. Member has a diagnosis of LEMS confirmed by (a or b):
   a. Electromyography showing compound muscle action potential; or
   b. Anti-P/Q type voltage-gated calcium channel antibody test;
2. Prescribed by or in consultation with a neurologist;
3. Member is 6 years of age or older (Rizurgi® should be prescribed for members 6 years of age up to 17 years of age);
4. Member has proximal muscle weakness;
5. Member does not have a history of seizures;
6. Member is not receiving amifampridine in combination with similar potassium blockers (e.g., dalfampridine);
7. Documentation of a baseline clinical muscle strength assessment is provided (examples may include, but are not limited to, the Quantitative Myasthenia Gravis (QMG) score, triple-timed up-and-go test (3TUG), Timed 25-foot Walk test (T25FW)) (see *Appendix D)*;
8. Dose does not exceed one of the following:
   a. Firdapse® 80 mg per day;
   b. Ruzurgi®:
      i. Weight is 45 kg or greater: 30 mg per dose (total 100 mg/day);
      ii. Weight is less than 45 kg: 15 mg per dose (total 50 mg/day).

Approval duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Lambert-Eaton Myasthenic Syndrome (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., stability or improvement in LEMS symptoms, improvement in clinical muscle strength assessment from baseline);
3. Member is not receiving amifampridine in combination with similar potassium blockers (e.g., dalfampridine);
4. If request is for a dose increase, new dose does not exceed one of the following:
   a. Firdapse® 80 mg/day;
   b. Ruzurgi®:
      i. Weight is 45 kg or greater: 30 mg per dose (total 100 mg/day);
      ii. Weight is less than 45 kg: 15 mg per dose (total 50 mg/day).

Approval duration:
Commercial: 12 months
Medicaid: 12 months

B. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
LEMS: Lambert-Eaton myasthenic syndrome
QMG: Quantitative Myasthenia Gravis
3TUG: Triple-timed Up-and-Go test
T25FW: Timed 25-Foot Walk test

APPENDIX B: Therapeutic Alternatives
Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - History of seizures; hypersensitivity to amifampridine or another aminopyridine

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- QMG is a physician-rated evaluation consisting of 13 assessments of muscle function (e.g., swallowing, speech, forced vital capacity, movement of arms and legs). Each assessment is rated 0 to 3, where 0 indicates "no weakness" and 3 indicates "severe weakness" (lower scores reflect better muscle strength).
- 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. 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 into the secondary endpoint used in the NCT02970162 clinical trial.
- The T25FW test, a component of the Multiple Sclerosis Functional Composite, is a quantitative mobility and leg function performance test based on a timed 25-foot walk. The patient was directed to walk a clearly marked 25-foot course as quickly and safely as possible. Following a period of rest, the timed 25-foot walk is repeated to determine an average score.

References

1. Firdapse Prescribing Information. Coral Gables, FL: Catalyst Pharmaceuticals, Inc.; November 2018. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208078s000lbl.pdf. Accessed January 13, 2021.
2. Ruzurgi Prescribing Information. Plainsboro, NJ.Jacobus Pharmaceutical Company, Inc.; May 2019. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/209321s000lbl.pdf. Accessed January 13, 2021.
3. Amifampridine. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI; 2020, March 24. Accessed with subscription at: http://www.micromedexsolutions.com. Accessed January 13, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
Policy was reviewed and updated. 1. Updated maximum dose in table. 2. Updated references.	04/30/2020	05/20/2020
Policy was reviewed: 1. Clinical policy title & lines of business updated. 2. Initial criteria for approval updated. 3. Duration of approval (both sections) updated. 4. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 5. References updated.	01/13/2021	03/09/2021