Amifampridine (Firdapse)
Criteria for Use
January 2020

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive amifampridine

☐ History of seizures

☐ Forced vital capacity < 1500 ml

Inclusion Criteria

All of the following must be met in order to meet criteria:

☐ Must be prescribed by or in consultation with a VA or VA-authorized neurologist

☐ A diagnosis of Lambert-Eaton myasthenic syndrome via nerve conduction studies or positive anti-P/Q type voltage-gated calcium channel antibody test

☐ Patient has the ability to swallow 4 ounces of water without coughing or throat clearing

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