



SmartPA Criteria Proposal

| Drug/Drug Class: | Lambert-Eaton Myasthenic Syndrome (LEMS) Clinical Edit |
|----------------------------|---|
| First Implementation Date: | January 30, 2020 |
| Proposed Date: | September 17, 2020 |
| Prepared for: | MO HealthNet |
| Prepared by: | MO HealthNet/Conduent |
| Criteria Status: | ⊠Existing Criteria □Revision of Existing Criteria □New Criteria |

Executive Summary

Purpose: Ensure appropriate utilization and control of agents for Lambert-Eaton myasthenic

syndrome (LEMS)

Why was this Issue Selected:

Lambert-Eaton myasthenic syndrome (LEMS) is a rare autoimmune disorder that affects the connection between nerves and muscles and causes weakness and other symptoms in affected patients. Current treatment strategies for LEMS include initial therapy to increase the amount of acetylcholine available at the post-synaptic membrane with agents such as pyridostigmine, amifampridine, and guanidine; since pyridostigmine is readily available and well-tolerated, it is usually the first step in therapy. Amifampridine is a broad spectrum potassium channel blocker; the exact mechanism in which it exerts its therapeutic effect in LEMS is unknown. On November 28, 2018, Firdapse® (amifampridine) was FDA approved for the treatment of LEMS in adults. It was the first FDA-approved drug for treatment of LEMS in adults, which comprise the majority of LEMS patients: however, the manufacturer of Firdapse. Catalyst, was widely criticized in the media for pricing Firdapse at \$375,000 for one year of treatment (prior to this Jacobus Pharmaceutical was providing amifampridine free of charge to patients that were enrolled in a compassionate use protocol). On May 6, 2019, Jacobus Pharmaceutical's Ruzurgi® (amifampridine) was FDA approved for the treatment of LEMS in patients aged 6 to less than 17 years of age. Firdapse and Ruzurgi contain the same active drug and are considered therapeutically equivalent.

Program-Specific Information:

| Date Ra | nge FFS 7- | 1-2019 to 6-30-202 | 0 |
|-----------------------|------------|--------------------|------------------------------------|
| Drug | Claims | Cost per tab | Cost per month (based on 30mg/day) |
| FIRDAPSE 10 MG TABLET | 0 | \$179.79 MAC | \$16,181.10 MAC |
| RUZURGI 10 MG TABLET | 0 | \$80.00 MAC | \$7,200.00 MAC |

| Type of Criteria: | ☐ Increased risk of ADE | □ Preferred Drug List |
|-------------------|---------------------------|-----------------------|
| | □ Appropriate Indications | |

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Data Sources: ☐ Only Administrative Databases ☐ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: agents for the treatment of Lambert-Eaton myasthenic syndrome (LEMS)
- Age range: All appropriate MO HealthNet participants aged 6 years or older

Approval Criteria

- Participant aged 6 years or older AND
- Diagnosis of LEMS consistent with 1 of the following:
 - Repetitive Nerve Stimulation (RNS) showing reproducible post-exercise increase in compound muscle action potential (CMAP) amplitude of at least 60% compared with pre-exercise baseline value or a similar increment on high-frequency repetitive nerve stimulation without exercise OR
 - Positive anti-P/Q type voltage-gated calcium channel antibody test AND
- Documentation of clinical symptoms suggestive of LEMS (proximal weakness affecting legs, eyes, face, throat) AND
- For first claim only:
 - Documented trial of pyridostigmine defined as 15 days of therapy in the past 30 days AND
 - Documentation of N-acetyltransferase 2 (NAT2) testing prior to initiation of therapy for dose determination AND
- · For Firdapse:
 - o Documented trial of Ruzurgi (defined as 180 days out of 210 days) AND
 - Clinical consultant review required
- Renewal Criteria:
 - o Initial approval of prior authorization is 3 months
 - Renewal of prior authorization may be up to 12 months following documentation of the following:
 - All approval criteria listed above
 - Lack of ADE/ADR to therapy
 - Documentation of clinical benefit of therapy (less than expected decline in functional ability and/or symptoms of disease)

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Documented history of a seizure disorder

Required Documentation

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|-----------------------|----------------------|---|-----------------|---|
| MedWatch Form: Other: | Laboratory Results: | X | Progress Notes: | X |
| | MedWatch Form: | | Other: | |

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)

Ryle Type: CE

Default Approval Period

3 months

SmartPA Clinical Proposal Form

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References

- FIRDAPSE® (amifampridine) [package insert]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; November 2019.
- RUZURGI® (amifampridine) [package insert]. Plainsboro, NJ: Jacobus Pharmaceutical Company, Inc; May 2019
- Muscular Dystrophy Association. Lambert-Eaton Myasthenic Syndrome (LEMS).
 https://www.mda.org/disease/lambert-eaton-myasthenic-syndrome. Accessed August 3, 2020.
- IPD Analytics. New Drug Approval: Firdapse (amifampridine). December 2018.
- IPD Analytics. New Drug Approval: Ruzurgi (amifampridine). May 2019.

