

Clinical Pharmacy Program Guidelines for Firdapse

Program	Prior Authorization
Medication	Firdapse® (amifampridine)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	2/2019
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	12/2020

1. Background:

Firdapse® (amifampridine) is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults.¹

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Firdapse will be approved based on <u>all</u> of the following criteria:</p> <p>a. Diagnosis of Lambert-Eaton myasthenic syndrome (LEMS)</p> <p align="center">-AND-</p> <p>b. Prescriber provides a reason or special circumstance the patient cannot use Ruzurgi (amifampridine) tablets</p> <p align="center">-AND-</p> <p>c. Patient is not receiving Firdapse in combination with similar potassium channel blockers [e.g., Ampyra (dalfampridine), Ruzurgi (amifampridine)]</p> <p align="center">Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Firdapse will be approved based on <u>both</u> the following criteria:</p>

<p>a. Documentation of positive clinical response to Firdapse therapy</p> <p>-AND-</p> <p>b. Patient is not receiving Firdapse in combination with similar potassium channel blockers [e.g., Ampyra (dalfampridine), Ruzurgi (amifampridine)]</p> <p>Authorization will be issued for 12 months.</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Firdapse [package insert]. Catalyst Pharmaceuticals, Inc. Coral Gables, FL. April 2020.

Program	Prior Authorization
Change Control	
Date	Change
2/2019	New program
10/2019	Added step through Ruzurgi. Added Ruzurgi as an example of a potassium channel blocker.
11/2020	Annual review with no changes to coverage criteria. Updated reference. Added Additional Clinical Rules section.