



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2021 P 2177-3
Program	Prior Authorization/Medical Necessity
Medication	Firdapse <sup>®</sup> (amifampridine)
P&T Approval Date	11/2019, 11/2020, 11/2021
Effective Date	2/1/2022; Oxford only: 2/1/2022

**1. Background:**

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

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Firdapse** will be approved based on **all** of the following criteria:

a. Lambert-Eaton myasthenic syndrome (LEMS)

**-AND-**

b. Prescribed by or in consultation with a specialist in the treatment of LEMS (e.g., neurologist or oncologist)

**-AND-**

c. Trial and failure, contraindication, or intolerance to Ruzurgi (amifampridine)

**-AND-**

d. Patient is not receiving Firdapse in combination with similar potassium channel blockers [e.g., Ampyra (dalfampridine)]

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Firdapse** will be approved based on **both** the following criteria:

a. Documentation of positive clinical response to Firdapse therapy

**-AND-**

b. Patient is not receiving Firdapse in combination with similar potassium

channel blockers [e.g., Ampyra (dalfampridine)]

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Programs:**

- 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]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc.; February, 2021.
2. Ruzurgi [package insert]. Princeton, NJ: Jacobus Pharmaceutical Company, Inc.; April 2020.

Program	Prior Authorization/Medical Necessity - Firdapse (amifampridine)
<b>Change Control</b>	
11/2019	New program
11/2020	Annual review with no changes to coverage criteria. Updated references.
11/2021	Annual review with no changes to coverage criteria. Updated references.