1. **Background:**
   Step therapy programs are utilized to encourage use of lower cost, preferred alternatives for certain therapeutic classes. This program requires a member to try Ruzurgi® (amifampridine) before providing coverage for Firdapse® (amifampridine).

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

2. **Coverage Criteria\(^a\):**
   
   **A. Lambert-Eaton myasthenic syndrome (LEMS)**
   
   1. **Firdapse** will be approved based on **one** of the following criteria:
      
      a. Trial and failure, contraindication, or intolerance to Ruzurgi (amifampridine)
      
      **Authorization will be issued for 12 months.**
   
   **B. Other Diagnoses**
   
   1. Firdapse will be approved
   
      **Authorization will be issued for 12 months.**

\(^a\) 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 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.

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4. **References:**


<table>
<thead>
<tr>
<th>Program</th>
<th>Step Therapy – Firdapse® (amifampridine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Change Control</strong></td>
</tr>
<tr>
<td>11/2019</td>
<td>New program</td>
</tr>
</tbody>
</table>