



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3129-2
Program	Step Therapy
Medication	Firdapse [®] (amifampridine)
P&T Approval Date	11/2019, 11/2020
Effective Date	2/1/2021; Oxford only: N/A

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.



4. References:

1. Firdapse [package insert]. Catalyst Pharmaceuticals, Inc. Coral Gables, FL. November 2018.

Program	Step Therapy – Firdapse® (amifampridine)
Change Control	
11/2019	New program
11/2020	Annual review with no changes to the coverage criteria.