UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1275-8
Program	Prior Authorization/Notification
Medication	Firdapse® (amifampridine)
P&T Approval Date	2/2019, 1/2020, 1/2021, 1/2022, 11/2022, 11/2023, 11/2024, 11/2025
Effective Date	2/1/2026

1. Background:

Firdapse (amifampridine) is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults and pediatric patients 6 years of age and older.

2. Coverage Criteria[a]:

A. Initial Authorization

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

   a. Diagnosis of Lambert-Eaton myasthenic syndrome (LEMS)

   Authorization will be issued for 12 months.

B. Reauthorization

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

   a. Documentation of positive clinical response to Firdapse therapy

   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 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 and Medical Necessity may be in place.

4. References:

1. Firdapse [package insert]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc., May 2024.

Program	Prior Authorization/Notification - Firdapse (amifampridine)
Change Control	
2/2019	New program
1/2020	Annual review with no changes.
1/2021	Annual review with no changes.
1/2022	Annual review with no change to clinical criteria. Updated reference.
11/2022	Updated background to reflect new pediatric indication for patients 6 years of age and older. Added state mandate footnote.
11/2023	Added "Diagnosis of" to initial criteria with no change to clinical intent.
11/2024	Annual review with no changes to coverage criteria. Updated reference.
11/2025	Annual review. Removed requirement for no concomitant use with similar potassium channel blockers from initial authorization criteria. Updated reference formatting.