



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

STIRIPENTOL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
STIRIPENTOL	DIACOMIT	35461		GPI-10 (7260007000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of seizures associated with Dravet syndrome and meet **ALL** of the following criteria?
- The patient is 6 months of age or older AND weighs 7kg or more
 - Therapy is prescribed by or in consultation with a neurologist
 - The patient is currently being treated with clobazam
 - The patient had a trial of or contraindication to TWO of the following: valproic acid derivatives, clobazam, topiramate

If yes, **approve for 12 months by GPID or GPI-14 for the requested drug with the following quantity limits:**

- **250mg capsule: #12 per day.**
- **500mg capsule: #6 per day.**
- **250mg powder packet: #12 per day.**
- **500mg powder packet: #6 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **STIRIPENTOL (Diacomit)** requires the following rule(s) be met for approval:

- A. You have seizures associated with Dravet syndrome (a rare type of seizure)
- B. You are 6 months of age or older AND weighs 7kg or more
- C. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
- D. You are currently being treated with clobazam (a type of seizure drug)
- E. You had a trial of or contraindication (harmful for) to TWO of the following: valproic acid derivatives, clobazam, topiramate

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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STIRIPENTOL

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of seizures associated with Dravet syndrome **AND** meet the following criterion?

- The patient is currently being treated with clobazam

If yes, approve for 12 months by GPID or GPI-14 for the requested drug with the following quantity limits:

- 250mg capsule: #12 per day.
- 500mg capsule: #6 per day.
- 250mg powder packet: #12 per day.
- 500mg powder packet: #6 per day.

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **STIRIPENTOL (Diacomit)** requires the following rule(s) be met for renewal:

- A. You have seizures associated with Dravet syndrome (a rare type of seizure)
- B. You are currently being treated with clobazam (type of seizure drug)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Diacomit.

REFERENCES

- Diacomit [Prescribing Information]. Beauvais, France: Biocodex, July 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval: 10/22