

## STIRIPENTOL

| Generic     | Brand    | HICL  | GCN | Exception/Other |
|-------------|----------|-------|-----|-----------------|
| STIRIPENTOL | DIACOMIT | 35461 |     |                 |

### 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 2 years of age or older
  - The patient is currently being treated with clobazam
  - Therapy is prescribed by or in consultation with a neurologist
  - The patient had a trial of or contraindication to valproic acid derivatives

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

- **Diacomit 250mg capsule: #12 capsules per day.**
- **Diacomit 500mg capsule: #6 capsules per day.**
- **Diacomit 250mg powder packet: #12 powder packets per day.**
- **Diacomit 500mg powder packet: #6 packets 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 (rare and severe type of seizure that begins in infancy)
- B. You are 2 years of age or older
- C. You are currently being treated with clobazam (a type of seizure drug)
- D. Therapy is prescribed by or in consultation with a neurologist (nerve doctor)
- E. You had a trial of valproic acid derivatives, unless there is a medical reason why you cannot (contraindication)

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.

**CONTINUED ON NEXT PAGE**

## 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 for the requested drug with the following quantity limits:**

- **Diacomit 250mg capsule: #12 capsules per day.**
- **Diacomit 500mg capsule: #6 capsules per day.**
- **Diacomit 250mg powder packet: #12 powder packets per day.**
- **Diacomit 500mg powder packet: #6 packets 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 (rare and severe type of seizure that begins in infancy)
- 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.

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#### RATIONALE

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

#### REFERENCES

- Diacomit [Prescribing Information]. Beauvais, France: Biocodex, August 2018.

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes     | Yes        | No  |

Part D Effective: N/A  
Commercial Effective: 02/10/20  
04/19

Created: 05/19  
Client Approval: 01/20

P&T Approval: