STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FENFLURAMINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FENFLURAMINE	FINTEPLA	02116		GPI-10 (7260002810)	

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
   - Therapy is prescribed by or given in consultation with a neurologist
   - The patient had a trial of or contraindication to clobazam **AND** valproic acid derivatives

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #11.8mL per day**
   If no, do not approve.

   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 **FENFLURAMINE (Fintepla)** requires the following rule(s) be met for approval:
   A. You have seizures associated with Dravet syndrome (severe type of seizure disorder that begins during the first year of life)
   B. You are 2 years of age or older
   C. Therapy is prescribed by or given in consultation with a neurologist (doctor who specializes in the brain, spine, and nerves)
   D. You had a previous trial of clobazam AND 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.

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RENEWAL CRITERIA

1. Does the patient have a diagnosis of seizures associated with Dravet syndrome **AND** meet the following criterion?
   - The patient has shown continued clinical benefit (e.g. reduction of seizures, reduced length of seizures, seizure control maintained)

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #11.8mL per day**
   If no, do not approve.

   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 **FENFLURAMINE (Fintepla)** requires the following rule(s) be met for approval:
   A. You have seizures associated with Dravet syndrome (severe type of seizure disorder that begins during the first year of life)
   B. You have shown continued clinical benefit (such as reduction of seizures, reduced length of seizures, seizure control maintained) while on therapy

   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 Fintepla.

REFERENCES
Fintepla [Prescribing Information]. Emeryville, CA: Zogenix, Inc., June 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 7/17/20
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P&T Approval: 04/20