

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Fenfluramine (Fintepla)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary fenfluramine (Fintepla) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Patient is 2 years old or older
- Prescribed for seizures associated with Dravet Syndrome **OR** Lennox-Gastaut syndrome
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to:
 - Stiripentol (if patient has diagnosis of Dravet Syndrome) **AND**
 - Cannabidiol **AND**
 - At least 2 other antiseizure medications

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary fenfluramine (Fintepla) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Patient has experienced sustained improvement in seizure control (frequency and/or severity) since starting medication as assessed and documented by neurologist
- Echocardiogram completed within the past 6-months