

Fenfluramine (Fintepla)

Coverage Criteria:

1. Prescribed by a neurologist; and,
2. Patient has a diagnosis of Lennox-Gastaut syndrome or Dravet syndrome which has been documented in clinic notes; and,
3. Patient continues to have seizures or has a contraindication to at least two first line therapies (e.g. lamotrigine, topiramate, valproates, clobazam, rufinamide, and zonisamide); and,
4. Prescribed within FDA approved dosing regimen and recent weight of patient (within past 30 days) is documented in clinic notes.

Required Medical Information:

1. A diagnosis documented in medical record.
2. Current weight (within past 30 days) documented in medical record.

Coverage Duration:

Initial and reauthorizations will be provided for 12 months

Other Criteria:

Maximum dose of 17mg – 26mg per day (per FDA label)