

Policy Name:	Fintepla (fenfluramine)	Policy #:	2790P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Fintepla.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Fintepla under the pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Dravet Syndrome or Lennox-Gastaut Syndrome
- 1.2 Age 2 years or older
- 1.3 Ordered by an epileptologist (seizure specialist)
- 1.4 Documented trial and failure of at least two formulary generic anticonvulsants (such as valproic acid, clobazam, topiramate)
- 1.5 Provider attestation that the risk versus benefit of the use of Fintepla has been considered and that the patient will be monitored for cardiac and pulmonary side effects
- 1.6 Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Fintepla by both a pharmacist and medical director

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Fintepla (fenfluramine) [prescribing information]. Smyrna, GA: UCB Inc; March 2023.
2. Wirrell EC, Hood V, Knupp KG, et al. International consensus on diagnosis and management of Dravet syndrome. *Epilepsia* 2022; 63:1761.
3. Wirrell E, Laux L, Donner E, et al. *Pediatric Neurology* 68 (2017) 18-34. Optimizing the Diagnosis and Management of Dravet Syndrome: Recommendations From a North American

Consensus Panel.

4. Cross J, Auvin S, Falip M, et al. Expert Opinion on the Management of Lennox–Gastaut Syndrome: Treatment Algorithms and Practical Considerations. *Front Neurol.* 2017; 8: 505.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.