STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Fintepla® (Fenfluramine)
Effective 5/26/2021

Prior Authorization Request Form

Fintepla *is indicated for treatment of seizures associated with Dravet syndrome in patients ≥ 2 years of age.*

CRITERIA FOR APROVAL:

1. The patient has a diagnosis of Dravet Syndrome; **AND**
2. The patient must be within the age range as recommended by the FDA label and indication; **AND**
3. Fintepla is prescribed by, or in consultation with a neurologist; **AND**
4. The prescriber, pharmacy, and patient must all be enrolled in the FINTEPLA REMS program; **AND**
5. Documentation of current baseline seizure activity per month must be provided; **AND**
6. The patient must have treatment failure/inadequate response to valproate and clobazam. If there is an intolerance, allergy, or contraindication to valproate, one other preferred antiepileptic (such as topiramate or levetiracetam) must be trialed; **AND**
7. Evaluation with echocardiography is required before treatment, every six months during treatment, and once three to six months after treatment to monitor for valvular heart disease and pulmonary hypertension.

Approval Duration:

Initial approval will be for 6 months.

Criteria for reauthorization:

1. Patient must continue to meet initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**

3. Documented decrease from baseline in seizure frequency per month must be provided.

Continuation of therapy approvals will be granted for 12 months.

References:

1.) Fintepla Package Insert
2.) Lexi-Comp Clinical Application 5/2021
3.) UptoDate article: Dravet Syndrome management and prognosis accessed 5/2021