

POLICY NAME	Fintepla (fenfluramine)	POLICY #	2790P
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Criteria

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) or neurologist (nervous system doctor)
- ☐ 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 (heart) and pulmonary (lung) 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