



AETNA BETTER HEALTH®
Coverage Policy/Guideline

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|-----------------|--|---|---|
| Name: | Diacomit (stiripentol) | Page: | 1 of 2 |
| Effective Date: | 2/10/2024 | Last Review Date: | 11/21/2023 |
| Applies to: | <input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Maryland <input type="checkbox"/> Michigan | <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Virginia | <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids <input type="checkbox"/> Kentucky PRMD |

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Diacomit under the patient’s prescription drug benefit.

Description:

FDA-Approved Indication

Diacomit is indicated for the treatment of seizures associated with Dravet syndrome (DS) in patients taking clobazam who are 6 months of age and older and weighing 7 kg or more.

There are no clinical data to support the use of Diacomit as monotherapy in Dravet syndrome.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Diacomit

Policy/Guideline:

I. Criteria for Initial Approval:

Seizures associated with Dravet syndrome

- Authorization may be granted for treatment of seizures associated with Dravet syndrome when the following criteria is met:
 - Member is 6 months of age and older
 - Member is taking clobazam concurrently with another anti-seizure medication and cannot use the requested medication as monotherapy in Dravet syndrome.

II. Criteria for Continuation of Therapy

Seizures associated with Dravet syndrome

- Authorization may be granted in members (including new members) 6 months of age or older requesting reauthorization for seizures associated with Dravet syndrome when the following criteria is met:
 - Member has achieved or maintained a positive clinical response as evidenced by reduction in frequency or duration of seizures compared with seizure activity prior to initiating Diacomit.



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- Member is taking clobazam concurrently with another anti-seizure medication and cannot use the requested medication as monotherapy in Dravet syndrome.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 Months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Diacomit [package insert]. San Mateo, CA: Biocodex, Inc.; July 2022.