AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Diacomit (stiripentol)	Page:	1 of 2
Effective Date:	11/1/2024	Last Review Date:	10/2024
Applies to:	☒Illinois ☐Maryland ☐Michigan	☐Florida ☒Florida Kids ☐ Virginia	☒New Jersey ☒Pennsylvania Kids ☐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.

- 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.