Clinical Policy: Stiripentol (Diacomit)

Reference Number: ERX.NPA.100
Effective Date: 12.01.18
Last Review Date: 11.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Stiripentol (Diacomit®) is an anticonvulsant.

FDA Approved Indication(s)
Diacomit is indicated for the treatment of seizures associated with Dravet syndrome 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.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Diacomit is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Dravet Syndrome (must meet all)**:**

1. Diagnosis of Dravet syndrome;
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 6 months;
4. Member weighs ≥ 7 kg;
5. Will be used as adjunctive therapy (*see Appendix B*) with at least one other antiepileptic drug;
6. Dose does not exceed 50 mg/kg (up to a maximum of 3,000 mg) per day.

Approval duration:
Medicaid – 12 months
Commercial – Length of Benefit

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Dravet Syndrome (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Diacomit for Dravet syndrome and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. Diacomit will continue to be used as adjunctive therapy (*see Appendix B*) with at least one other antiepileptic drug;
4. If request is for a dose increase, new dose does not exceed 50 mg/kg (up to a maximum of 3,000 mg) per day.

Approval duration:
Medicaid – 12 months

Commercial – Length of Benefit

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
EEG: electroencephalography
MRI: magnetic resonance imaging
NICE: National Institute for Health and Care Excellence

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
clobazam (Onfi®, Sympazan®)	Initial: 0.2-0.3 mg/kg/day PO*	0.5-2 mg/kg/day
valproic acid (Depakene®, Depakote®, Stavzor®)	Initial: 10-15 mg/kg/day PO, given in 2-3 equally divided doses*	25-60 mg/kg/day
topiramate (Topamax®, Trokendi® XR, Qudexy® XR)	Initial: 0.5-2 mg/kg/day PO*	8-12 mg/kg/day
levetiracetam (Spritam®, Keppra®)	Initial: 10-20 mg/kg/day PO, divided in 2-3 doses*	60-80 mg/kg/day
Other antiepileptic drugs: clonazepam (Klonopin®), zonisamide (Zonegran®), ethosuximide (Zarontin®), phenobarbital	PO; off-label dosing information not available	Off-label dosing information not available

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**Off-label*

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- Dravet syndrome, also known as severe myoclonic epilepsy of infancy (SMEI), is a severe form of epilepsy with an incidence of 1 in 15,700 to 1 in 40,900. Diagnosis is largely based on clinical presentation as magnetic resonance imaging (MRI) is usually normal and electroencephalography (EEG) findings are nonspecific.
- Complete seizure control is typically not achievable, so the primary goal of therapy is to reduce seizure frequency. The following therapies are recommended for the management of Dravet syndrome by the United Kingdom National Institute for Health and Care Excellence (NICE; April 2018) and a North American Consensus Panel (January 2017):

	NICE	North American Consensus Panel
1st line	Valproic acid or topiramate	Valproic acid or clobazam *If first choice is not effective, add the other*
2nd line	Addition of clobazam or Diacomit	Addition of Diacomit or topiramate
3rd line	Refer to tertiary specialist	Addition of clonazepam, levetirecetam, zonisamide, ethosuximide, or phenobarbital

- Diacomit increases plasma concentrations of clobazam through inhibition of CYP3A4 and 2C19.
- FDA-approved in August 2018, Diacomit had long prior been used in clinical practice in Canada, Japan, and European countries as well as off-label in the United States through a compassionate-use program.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Dravet syndrome	Age ≥ 6 months and weighing 7 kg to < 10 kg: 25 mg/kg BID Age ≥ 1 year and weighing ≥ 10 kg: 25 mg/kg BID or 16.67 mg/kg TID	50 mg/kg/day (not to exceed 3,000 mg/day)

VI. Product Availability

- Capsules: 250 mg, 500 mg
- Powder for oral suspension: 250 mg, 500 mg

VII. References

1. Diacomit Prescribing Information. Beauvais, France: Biocodex; July 2022. Available at: www.diacomit.com/downloads/pdf/DIACOMIT_US_PI. Accessed August 25, 2022.
2. Wirrell EC, Laux L, Jette N, et al. Optimizing the diagnosis and management of Dravet syndrome: recommendations from a North American consensus panel. Pediatr Neurol. 2017; 68: 18-34.
3. National Institute for Health and Care Excellence (NICE). Epilepsies: diagnosis and management. Available at: https://www.nice.org.uk/guidance/CG137/chapter/Appendix-E-Pharmacological-treatment. Accessed August 1, 2019.
4. Wirrell EC, Hood V, Knupp KG et al. International consensus on diagnosis and management of Dravet syndrome. Epilepsia. 2022;63:1761-77. DOI: 10.1111/epi.17274.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	09.25.18	11.18
4Q 2019 annual review: added requirement that Diacomit continue to be used as adjunctive therapy for reauthorization; added Medicaid line of business with 12 month approval durations; references reviewed and updated.	08.01.19	11.19
4Q 2020 annual review: no significant changes; references reviewed and updated.	08.04.20	11.20
4Q 2021 annual review: no significant changes; references reviewed and updated.	08.22.21	11.21
4Q 2022 annual review: no significant changes; RT4: updated the policy to reflect the new indication expansion to patients ≥ 6 months of age and weighing ≥ 7 kg; references reviewed and updated.	08.25.22	11.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of

physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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