Effective Date: 01/01/2019
Reviewed: 02/2019, 4/2020, 1/2021, 1/2022, 1/2023, 1/2024, 1/2025 Scope: Medicaid

Diacomit (Stiripentol)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 weeks may be granted when all the following criteria are met:

A. Patient has a documented diagnosis of Dravet Syndrome, and the diagnosis has been confirmed by two unaffiliated neurologists/epileptologists
B. Medication is being prescribed by a neurologist or epileptologist
C. Patient is 6 months of age and older and documentation that patient weighs 7kg or more
D. Patient is currently taking clobazam
E. Documentation of baseline neutrophil and platelet count obtained prior to starting treatment

II. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members who are tolerating treatment and has had a documented 50% reduction in frequency per 30 days of generalized clonic or tonic-clonic seizures

III. QUANTITY LIMIT

- Diacomit 250mg: 180 caps/packets per 30 days
- Diacomit 500mg: 180 caps/packets per 30 days

IV. REFERENCES

1. Diacomit [package insert]. San Mateo, CA: Biocodex, Inc.; June 2024.