

Fintepla (fenfluramine)
Effective 11/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Dravet syndrome (DS) is a rare, catastrophic form of epilepsy that begins in the first year of life. Fenfluramine and the metabolite, norfenfluramine, increase extracellular levels of serotonin through interaction with serotonin transporter proteins, and exhibit agonist activity at serotonin 5HT-2 receptors.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Fintepla, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when all the following diagnosis specific criteria are met, and documentation has been provided:

1. The member has a diagnosis of seizures associated with Dravet syndrome
2. The member is ≥ 2 years old
3. Prescriber is a neurologist or documentation provided of recent neurology consultation
4. Member has had an inadequate response or adverse reaction to at least 2 of the following anticonvulsant agents **OR** a contraindication to ALL the following agents:

a. clobazam	f. stiripentol
b. clonazepam	g. topiramate
c. ethosuximide	h. valproic acid
d. levetiracetam	i. zonisamide
e. phenobarbital	

Continuation of Therapy

Reauthorization may be approved when physician assessment has been provided documenting a decrease in the number of seizures.

Limitations

- 1. Initial approvals will be approved for 3 months
- 2. Reauthorizations will be approved for 12 months

Fintepla	360mL per 30 days
Dosing recommendation	
Pediatric (≥ 2 years to 18 years): 0.1 mg/kg/dose twice daily	
0.2 mg/kg/dose twice daily	
0.35 mg/kg/dose twice daily	
Maximum dose: 13 mg/dose twice daily	

References

- 1. Fintepla (fenfluramine) [prescribing information]. Emeryville, CA: Zogenix Inc; June 2020.

Review History

09/16/2020 – Created and Reviewed Sept P&T Mtg. Effective 11/01/20.

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

