Mass General Brigham
Health Plan

Fintepla (fenfluramine)
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Dravet Syndrome (DS) is a rare, catastrophic form of epilepsy that begins 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 new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

Dravet Syndrome
1. The member has a diagnosis of seizures associated with Dravet Syndrome (DS)
2. The member is at least 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 of the following agents:
    a. Clobazam
    b. Clonazepam
    c. Ethosuximide
    d. Levetiracetam
    e. Phenobarbital
    f. Stiripentol
    g. Topiramate
    h. valproic acid
    i. Zonisamide

Lennox-Gastaut syndrome:

1. Member is at least 2 years old
2. Prescriber is a neurologist or documentation provided of recent neurology consultation
3. Member will be using requested medication as adjunctive therapy
4. Member has had an inadequate response or adverse reaction to at least 2 of the following anticonvulsant agents OR a contraindication to all of the following agents:
    a. clobazam
    b. felbamate
    c. lamotrigine
    d. topiramate
    e. valproic acid

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]. Smyrna, GA: UCB Inc; March 2023.

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.
11/15/2023 – Reviewed and Updated for Nov P&T; Added indication of Lennox Gastaut syndrome. Effective 1/1/2024