Fintepla (fenfluramine)
Effective 11/01/2021

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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
    b. clonazepam
    c. ethosuximide
    d. levetiracetam
    e. phenobarbital
    f. stiripentol
    g. topiramate
    h. valproic acid
    i. zonisamide

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

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