

Fenfluramine

Goal(s):

- To ensure appropriate drug use and restrict to indications supported by medical literature.

Length of Authorization:

- Up to 12 months

Requires PA:

- Fenfluramine

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request for renewal of therapy previously approved by the FFS system?	Yes: Go to Renewal Criteria	No: Go to #3
3. Is this an FDA approved indication?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Does the patient have uncontrolled seizures on current baseline therapy with at least one other antiepileptic medication AND is fenfluramine intended to be prescribed as adjuvant antiepileptic therapy?	Yes: Go to #5 Document seizure frequency _____	No: Pass to RPh. Deny; medical appropriateness
5. Is the prescribed dose greater than 0.7 mg/kg/day or 26 mg/day OR 0.2 mg/kg/day or 17 mg/day in patients taking stiripentol plus clobazam?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to # 6
6. Is baseline echocardiogram on file that was performed within past 6 months?	Yes: Approve for 12 months Document results here: Date of echocardiogram _____ Results _____	No: Pass to RPh. Deny; medical appropriateness

Renewal Criteria

1. Has an echocardiogram been obtained within the past 6 months?	Yes: Go to # 2 Document results here: Date of echocardiogram_____	No: Pass to RPh. Deny; medical appropriateness
2. Has seizure frequency decreased since beginning therapy?	Yes: Go to #3 Document baseline and current seizure frequency_____	No: Pass to RPh. Deny for lack of treatment response.
3. Is the prescribed dose greater than 0.7mg/kg/day or 26 mg/day or greater than 0.2 mg/kg/day or 17 mg/day in patients taking stiripentol plus clobazam?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to # 4
4. Is fenfluramine prescribed as adjuvant therapy and is patient adherent to all prescribed seizure medications?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness

P&T Review: 10/22 (SF); 10/21 (DM); 10/20
Implementation: 11/1/20