

Stiripentol

Goal(s):

- To ensure appropriate drug use and restrict to indications supported by medical literature and funded by Oregon Health Plan.

Length of Authorization:

- Up to 12 months

Requires PA:

- Stiripentol capsules and powder for oral suspension

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 the request for the FDA approved indication of Dravet syndrome in patients 2 years of age and older taking clobazam?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Is baseline white blood cell (WBC) and platelet counts on file within the past 3 months? <u>Note:</u> Labs should be assessed every six months while receiving stiripentol therapy.	Yes: Approve for 12 months Document results here: Date of lab work _____ WBC _____ Platelets _____	No: Pass to RPh. Deny; medical appropriateness

Renewal Criteria

<p>5. Are recent WBC and platelet counts documented in patient records?</p> <p><u>Note:</u> Labs should be assessed every six months while receiving stiripentol therapy.</p>	<p>Yes: Go to #2</p> <p>Document results here: Date of lab work _____ WBC _____ Platelets _____</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>6. Has seizure frequency decreased since beginning therapy?</p>	<p>Yes: Approve for 12 months</p>	<p>No: Pass to RPh. Deny for lack of treatment response.</p>

*P&T/DUR Review: 10/21 (DM); 10/20 (DM); 6/2020 (DM); 1/19 (DM)
Implementation: 3/1/2019*