

Stiripentol

Goal(s):

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

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 6 months of age or older, weighing 7 kg or more, and 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		
1. Are recent WBC and platelet counts documented in patient records? <u>Note:</u> Labs should be assessed every six months while receiving stiripentol therapy.	Yes: Go to #2 Document results here: Date of lab work _____ WBC _____ Platelets _____	No: Pass to RPh. Deny; medical appropriateness

Renewal Criteria

2. Has seizure frequency decreased since beginning therapy?	Yes: Approve for 12 months	No: Pass to RPh. Deny for lack of treatment response.
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*P&T/DUR Review: 10/22 (SF); 10/21 (DM); 10/20; 6/20; 1/19
Implementation: 3/1/2019*