

## PHARMACY COVERAGE GUIDELINE

### FINTEPLA® (fenfluramine) oral

---

#### **This Pharmacy Coverage Guideline (PCG):**

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

#### **Scope**

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

#### **Instructions & Guidance**

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy). You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com).

---

#### **Criteria:**

- **Criteria for initial therapy:** Fintepla (fenfluramine) is considered **medically necessary** and will be approved when **ALL** the following criteria are met:
  1. Prescriber is a physician specializing in the patient’s diagnosis or is in consultation with a Neurologist.
  2. Individual is 2 years of age or older
  3. Individual has a confirmed diagnosis of seizures associated **ONE** of the following:
    - a. Dravet syndrome (DS) in an individual having at least six convulsive seizures per month while on stable antiepileptic medication therapy
    - b. Lennox-Gastaut syndrome in an individual with a minimum of 8 drop seizures while on stable antiepileptic medication therapy

## PHARMACY COVERAGE GUIDELINE

### FINTEPLA® (fenfluramine) oral

---

4. **ONE** of the following:
  - a. **For Dravet Syndrome:** Individual has failure, intolerance, or contraindication per FDA label to **ONE** the following:
    - i. Clobazam
    - ii. Levetiracetam
    - iii. Topiramate
    - iv. Valproate
  - b. **For Lennox-Gastaut syndrome:** Individual has failure, intolerance, or contraindication per FDA label to **ONE** the following:
    - i. Clobazam
    - ii. Felbamate
    - iii. Lamotrigine
    - iv. Topiramate
5. Echocardiogram has been completed before initiation of treatment with continued monitoring as clinically appropriate: [Note: This is waved if it is verified that Provider, Patient, and Pharmacy are enrolled in the REMS].
6. There are **NO** FDA-label contraindications, such as concomitant use of, or within 14 days of the administration of monoamine oxidase inhibitors.
7. Other Individual does not have an estimated glomerular filtration rate (eGFR) less than 15 mL/min/1.73m<sup>2</sup> (as determined by Modification of Diet in Renal Disease (MDRD)).
8. Individual does not have hepatic impairment.

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** Fintepla (fenfluramine) is considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):
1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Neurologist.
  2. Individual's condition has responded while on therapy with response defined as **ONE** of the following:
    - a. Achieved and maintains a reduction in frequency of seizures.
    - b. Longer interval between seizure over baseline
  3. Individual has been adherent with the medication
  4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use such as:
    - a. Contraindications as listed in the criteria for initial therapy section
    - b. Significant adverse effect such as:
      - i. Serotonin syndrome
      - ii. Valvular heart disease
      - iii. Pulmonary arterial hypertension

## PHARMACY COVERAGE GUIDELINE

### FINTEPLA® (fenfluramine) oral

---

- iv. Suicidal thoughts or behaviors
  - v. Acute decreases in visual acuity or ocular pain
5. Individual does not have an estimated glomerular filtration rate (eGFR) less than 15 mL/min/1.73m<sup>2</sup> (as determined by Modification of Diet in Renal Disease (MDRD)).
6. Individual does not have hepatic impairment.

**Renewal duration:** 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
  2. **Off-Label Use of Cancer Medications**
- 

#### **Description:**

Fintepla (fenfluramine) is indicated for the treatment of seizures associated with Dravet syndrome (DS) and Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older.

The mechanisms by which fenfluramine exerts its therapeutic effects in the treatment of seizures associated with DS are unknown. 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.

DS, previously known as severe myoclonic epilepsy of infancy, is a rare early-onset epileptic encephalopathy characterized by refractory epilepsy and neurodevelopmental problems beginning in infancy. Patients present in the first year of life with a prolonged, often febrile, clonic seizure in the setting of normal cognitive and motor development prior to seizure onset. In most, febrile and afebrile seizures, including episodes of status epilepticus, recur repeatedly in the weeks to months after the initial event, and psychomotor impairment begins thereafter. Myoclonus, both epileptic and non-epileptic, occurs frequently. The majority of older children and young adults with DS have motor system dysfunction, gait and postural abnormalities, and cognitive and behavioral impairment.

DS seizures tend to be refractory to most anti-seizure drugs, and some patients derive benefit from a ketogenic diet and vagus nerve stimulation. The most commonly used anti-seizure drugs include valproate, clobazam, topiramate, levetiracetam, stiripentol, and cannabidiol. Most patients require two or more agents to achieve reasonable seizure control.

Valproate is considered a first-line agent for DS with clobazam added as a second agent if valproate does not control seizures despite adequate valproate dosing and serum levels. Topiramate is a broad spectrum antiseizure agent that is also used as added on therapy. Stiripentol and fenfluramine are also considered as add-on therapy. Clonazepam, levetiracetam, zonisamide, ethosuximide, and vagal nerve stimulation are considered third-line treatments for DS. Cannabidiol is also approved for treatment for DS.

## PHARMACY COVERAGE GUIDELINE

### FINTEPLA® (fenfluramine) oral

---

LGS, also known as Lennox syndrome, is a severe and difficult-to-treat form of childhood-onset epilepsy that commonly appears between the second and sixth year of life. It is characterized by recurrent seizures and can include different seizure types, such as, tonic, atonic, atypical absence, and myoclonic seizures. There may be periods of recurrent seizures mixed with brief, relatively seizure-free periods. Most children with LGS experience some degree of intellectual impairment or processing of information, along with developmental delays, and behavioral disturbances.

Treatment for LGS includes anti-epileptic medications such as clobazam, clonazepam, felbamate, fenfluramine, lamotrigine, rufinamide, or topiramate. There is no single antiepileptic medication that will control seizures. Children who improve initially may later show tolerance to a drug or have uncontrollable seizures.

---

#### **Definitions:**

##### **Risk Evaluation and Mitigation Strategy (REMS) Program:**

Use of Fintepla (fenfluramine) is subject to a Risk Evaluation and Mitigation Strategies (REMS) program that requires provider, patient, and dispensing pharmacy be enrolled into the program. Only providers and Pharmacies enrolled into the REMS may prescribe and dispense the drug, respectively, to individuals who are also in the program. A REMS program attempts to manage known or potentially serious risks associated with a drug product and is required by the Food and Drug Administration (FDA) for some drugs to ensure that the benefits of a drug outweigh its risks.

Because of the risk for valvular heart disease and pulmonary arterial hypertension, Fintepla (fenfluramine) is available through a restricted REMS program

Requirements of the Fintepla (fenfluramine) REMS Program include the following:

- Prescribers must be certified by enrolling in the REMS program
- Prescribers must counsel patients receiving Fintepla (fenfluramine) about the risk of valvular heart disease and pulmonary arterial hypertension, how to recognize signs and symptoms of valvular heart disease and pulmonary arterial hypertension, the need for baseline (pretreatment) and periodic cardiac monitoring via echocardiogram during Fintepla (fenfluramine) treatment, and cardiac monitoring after treatment
- Patients must enroll in the REMS program and comply with ongoing monitoring requirements
- The pharmacy must be certified by enrolling in the REMS program and must only dispense to patients who are authorized to receive Fintepla (fenfluramine)
- Wholesalers and distributors must only distribute to certified pharmacies

##### **Modification of Diet in Renal Disease (MDRD):**

$GFR \text{ in mL/min per } 1.73 \text{ m}^2 = 175 \times \text{SerumCr}^{-1.154} \times \text{age}^{-0.203} \times 1.212 \text{ (if patient is black)} \times 0.742 \text{ (if female)}$

---

#### **Resources:**

Fintepla (fenfluramine) product information, revised by Zogenix, Inc. 06-2022. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed July 15, 2022.

Andrade DM, Nascimento FA. Dravet syndrome: Management and prognosis. In: UpToDate, Nordli DR, Dashe JF (Eds), UpToDate, Waltham, MA.: UpToDate Inc. Available at <http://uptodate.com>. Topic last updated on November 15, 2021. Accessed July 15, 2022.



An Independent Licensee of the Blue Cross Blue Shield Association

## PHARMACY COVERAGE GUIDELINE

### FINTEPLA® (fenfluramine) oral

---

Wilfong A. Epilepsy syndromes in children. In: UpToDate, Nordli DR, Dashe JF (Eds), UpToDate, Waltham, MA.: UpToDate Inc. Available at <http://uptodate.com>. Topic last updated on June 28, 2022. Accessed July 15, 2022.

ORIGINAL EFFECTIVE DATE: 08/202020 | ARCHIVE DATE: | LAST REVIEW DATE: 08/18/2022 | LAST CRITERIA REVISION DATE: 08/18/2022

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.