



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Diacomit (stiripentol) Page: 1 of 2

Effective Date: 10/15/2025 Last Review Date: 9/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> New Jersey
	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Pennsylvania Kids
	<input type="checkbox"/> Michigan	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Diacomit under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Diacomit is indicated for the treatment of seizures associated with Dravet syndrome (DS) in patients taking clobazam who are 6 months of age and older and weighing 7 kilogram (kg) or more. There are no clinical data to support the use of Diacomit as monotherapy in Dravet syndrome.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Diacomit

Policy/Guideline:

Coverage Criteria

Seizures Associated with Dravet Syndrome¹

Authorization of 12 months may be granted for treatment of seizures associated with Dravet syndrome in members 6 months of age and older.

Continuation of Therapy

Authorization of 12 months may be granted for continuation of treatment in members (including new members) 6 months of age or older requesting reauthorization for seizures associated with Dravet syndrome when the member has achieved or maintained a positive clinical response (e.g., decrease in seizure frequency).

Other

Member must be taking clobazam concurrently with another anti-seizure medication and cannot use the requested medication as monotherapy in Dravet syndrome.



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Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 Months

Quantity Level Limits:

- Diacomit (stiripentol) 250 mg capsule: 360 per 30 days
- Diacomit (stiripentol) 500 mg capsule: 180 per 30 days
- Diacomit (stiripentol) 250 mg powder packet for oral suspension: 360 per 30 days
- Diacomit (stiripentol) 500 mg powder packet for oral suspension: 180 per 30 days

References:

1. Diacomit [package insert]. Gentilly, France: Biocodex; June 2024.