



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name:	Diacomit (stiripentol)	Page:	1 of 2
Effective Date:	2/10/2024	Last Review Date:	11/21/2023
Applies to:	<input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Maryland <input type="checkbox"/> Michigan	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Virginia	<input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids <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:**

FDA-Approved Indication

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 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:**

**I. Criteria for Initial Approval:**

**Seizures associated with Dravet syndrome**

- Authorization may be granted for treatment of seizures associated with Dravet syndrome when the following criteria is met:
  - Member is 6 months of age and older
  - Member is taking clobazam concurrently with another anti-seizure medication and cannot use the requested medication as monotherapy in Dravet syndrome.

**II. Criteria for Continuation of Therapy**

**Seizures associated with Dravet syndrome**

- Authorization may be granted in members (including new members) 6 months of age or older requesting reauthorization for seizures associated with Dravet syndrome when the following criteria is met:
  - Member has achieved or maintained a positive clinical response as evidenced by reduction in frequency or duration of seizures compared with seizure activity prior to initiating Diacomit.



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

#### Approval Duration and Quantity Restrictions:

**Initial and Renewal Approval:** 12 Months

**Quantity Level Limit:** Reference Formulary for drug specific quantity level limits

#### References:

1. Diacomit [package insert]. San Mateo, CA: Biocodex, Inc.; July 2022.