

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 months of age or older

Diagnosis

The patient must have the following:

Seizures associated with Dravet syndrome (DS)

AND ALL of the following:

1. Must be used in combination with clobazam
 - a. Patient has had an inadequate response to clobazam
2. Prescriber agrees to monitor blood counts before initiating therapy and then every 6 months while on therapy
3. Inadequate treatment response, intolerance, or contraindication to at least **ONE** of the following medications:
 - a. Valproate / Valproic acid (i.e., Depakote, Depacon)
 - b. Lamotrigine
 - c. Levetiracetam
 - d. Banzel (rufinamide)
 - e. Topiramate
 - f. Felbamate
4. Patient weight ≥ 7 kg
5. Prescriber will not exceed the FDA labeled dose of 50 mg/kg/day

Prior - Approval Limits

Quantity Maximum daily dose of 50 mg/kg/day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 6 months of age and older

Diagnosis

The patient must have the following:

Seizures associated with Dravet syndrome (DS)

AND ALL of the following:

1. Must be used in combination with clobazam
2. Prescriber agrees to monitor blood counts every 6 months while on therapy
3. Patient weight ≥ 7 kg
4. Prescriber will not exceed the FDA labeled dose of 50 mg/kg/day

Prior - Approval *Renewal* Limits

Same as above