

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Diacomit (Stiripentol)

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial Publication, updated with DUR Board recommendations



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
DIACOMIT 250 MG CAPSULE	99500
DIACOMIT 500 MG CAPSULE	99501
DIACOMIT 250 MG POWDER PACKET	99502
DIACOMIT 500 MG POWDER PACKET	99503



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Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years of age?
 Yes (Go to #2)
 No (Deny)

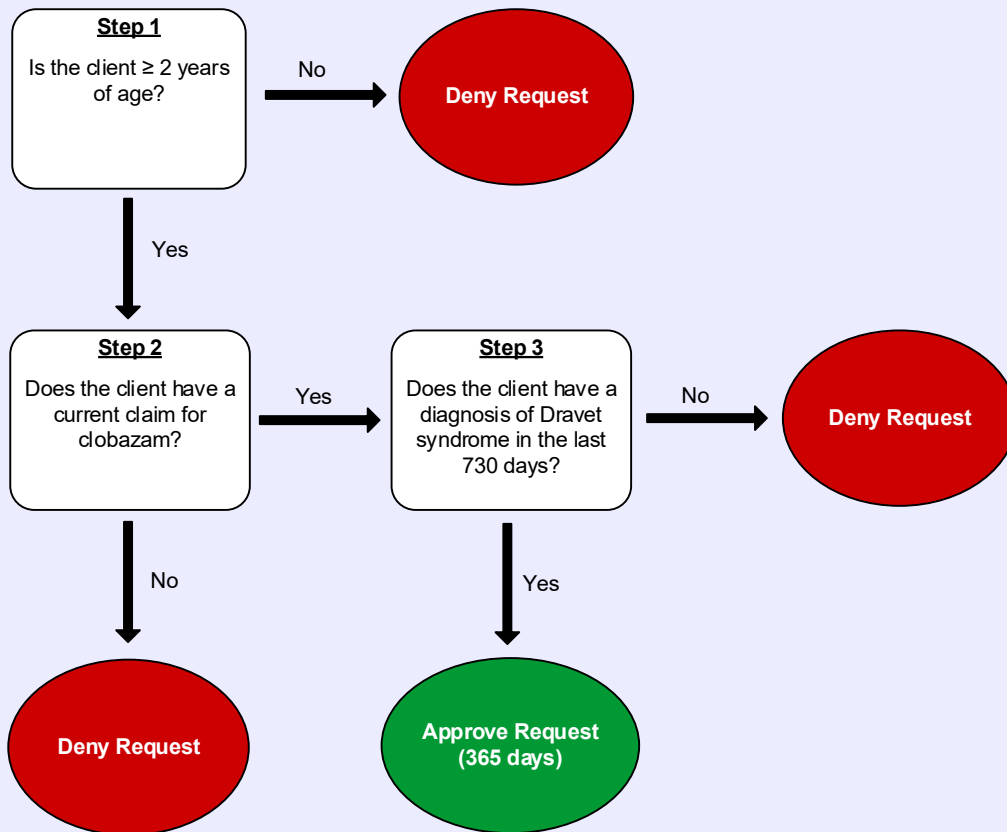
2. Does the client have a current claim for **clobazam**?
 Yes (Go to #3)
 No (Deny)

3. Does the client have a **diagnosis of Dravet Syndrome** in the last 730 days?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (current claim for clobazam)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
CLOBAZAM 10 MG TABLET	09071
CLOBAZAM 2.5 MG/ML SUSPENSION	35026
CLOBAZAM 20 MG TABLET	09070
ONFI 10 MG TABLET	09071
ONFI 2.5 MG/ML SUSPENSION	35026
ONFI 20 MG TABLET	09070
SYMPAZAN 10 MG FILM	45265
SYMPAZAN 20 MG FILM	45266
SYMPAZAN 5 MG FILM	45264

Step 3 (diagnosis of Dravet Syndrome)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
N/A	DRAVET SYNDROME
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY INTRACTABLE, WITHOUT STATUS EPILEPTICUS



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Clinical Criteria References

1. 2019 ICD-10-CM Diagnosis Codes. 2019. Available at www.icd10data.com. Accessed on October 25, 2019.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2019. Available at www.clinicalpharmacology.com. Accessed on October 25, 2019.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 25, 2019.
4. Diacomit Prescribing Information. Biocodex. August 2018.
5. American Academy of Neurology and the American Epilepsy Society. Treatments for Refractory Epilepsy; Guideline Summary for Clinicians.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/25/2019	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
11/04/2019	<ul style="list-style-type: none">Initial publication updated to include DUR Board recommendations