For the benefit of patients for whom you prescribe DIACOMIT, we are providing this sample letter of medical necessity, which can be customized by your office and submitted to insurers as part of the prior authorization, medical exception, or pre-determination process. This sample includes general information on Dravet syndrome and DIACOMIT. You may use this to supplement your patient-specific assessment, clinical judgement and rationale for the medical necessity of DIACOMIT.

Please fax your complete letter of medical necessity to **Biocodex By Your Side** at 833-871-4137 and send a copy to the patient.

If you would like more information on how to utilize this template letter, please contact **Biocodex By Your Side** by calling toll-free at 833-248-0467, Monday through Friday, 8 AM to 8 PM ET.

**\*\*\*Remove this section prior to sending this letter\*\*\***



**[Practice Letterhead]**

**[Date]**

**[Name of Medical Director] [Title] [Name of Insurer]
[Address of Insurer]
[City, State, Zip Code]**

**Re: [Patient’s Name]
[Patient ID Number]
[Diagnosis Code(s) and Description(s)]**

I am writing to provide additional information regarding the medical necessity of treating one of your members, **[Patient Name]**, with DIACOMIT® (stiripentol). DIACOMIT was first approved by the FDA on August 20, 2018 and is the only treatment specifically for seizures associated with Dravet syndrome in children as young as 6 months of age (weighing 7 kg or more) and taking clobazam.

This letter provides information about my patient’s medical history, an explanation for the use of DIACOMIT, and my rationale for this course of treatment.

# DISEASE OVERVIEW

Dravet syndrome (DS) is a rare, catastrophic epileptic syndrome currently affecting 1:15,700 births in the United States.1 DS is viewed as one of the most medically intractable forms of epilepsy with frequent generalized tonic-clonic seizures, often extending into status epilepticus, which results in patient hospitalization. Over the long term, DS patients present with intellectual disability, motor impairment, and care-giver dependence in adulthood.2

DS is associated with a high mortality rate.3,4 Premature mortality affects up to 21% of patients, most frequently before 10 years of age3. Mortality is often from sudden unexcepted death in epilepsy (SUDEP) or from status epilepticus.

Additionally, DS is associated with frequent emergency room visits, monthly neurology and pediatric office visits, multiple hospitalizations per year, ongoing drug therapy, diagnostics (including electroencephalography (EEG) and magnetic resonance imaging (MRI)).5

Given the severity of DS, the life-threatening condition of the disease, and its burden both for patients and caregivers, it is of critical importance to manage patients with an optimal therapy as soon as the diagnosis is made. Since DS can be exacerbated by some antiepileptic drugs, early diagnosis and appropriate treatments are important for better prognosis.6

# DIACOMIT CLINICAL STUDIES AND REAL-WORLD DATA

In 2022, the International League Against Epilepsy and the North American Consensus Panel stated that after first-line treatment with clobazam or valproic acid, DIACOMIT is the second-line therapy in DS guidelines based on strong clinical evidence.10,11 Two phase 3, randomized, double-blind, clinical trials, STICLO-France (N=42) and STICLO-Italy (N=23), evaluated the safety and efficacy of DIACOMIT in DS patients. The pooled findings of the trials were that 70% of patients taking DIACOMIT achieved at least 50% reduction in seizure frequency (the primary endpoint), vs. 5% of the patients on placebo. Of the DIACOMIT patients who achieved the primary endpoint, 36% vs none on placebo were completely free of generalized clonic or tonic-clonic seizures after 8 weeks of treatment.7,8

In these clinical trials, DIACOMIT also reduced the frequency and the duration of seizures and the occurrence of status epilepticus.9 Adverse events reported in the clinical trials with an incidence over 10% and at least twice the placebo rate included: nausea (15% vs 3%), weight decreased (27% vs. 6%), decreased appetite (46% vs. 10%), somnolence (67% vs. 23%), and dysarthria (12% vs. 0%).

Additionally, use of DIACOMIT in DS is supported by over 25 years of clinical experience globally, with extensive data collection, and analysis.

# PATIENT’S DIAGNOSIS AND HISTORY

The history and course of DS for **[Patient Name]** are as follows:

Diagnosis: **[Insert information regarding the date and method of diagnosis]**

* **[Include bullets of information around patient’s past medical history, such as, types of seizures, how often seizures have occurred, types of medication and reactions.]**

**Clinical course of disease: [Insert patient information regarding disease progression, including past/present comments on working diagnosis prior to DS confirmation, response to any antiepileptic drugs taken (such as, clobazam or valproic acid) including treatment duration, occurrence of any type of seizures including myoclonic seizures and later consequences of the disease (such as, ataxia, occurrence of developmental delay, mental retardation, psychiatric and behavior problems, orthopedic and movement issues, and sleep disorders)]**

Previous treatments: **[Insert information on patient’s current therapy and previous treatments to help manage DS (diet modification, discontinuation of specific antiepileptic drugs therapy (eg, occupational/physical therapy) received for developmental delays or mental retardation, medications and/or therapy for psychiatric and behavior problems, medications or treatments for orthopedic and movement disorders, and medications or treatments for sleep disorders (eg, surgery, CPAP)]**

Despite the use of treatments and therapies to treat the symptoms of DS described in this letter, my patient continues to experience **[long-lasting seizures, developmental delays, mental retardation, psychiatric and behavior problems, orthopedic and movement issues, and sleep disorders]**. It is my opinion that DIACOMIT is appropriate for my patient and may lead to a reduction in a host of seizures and improving my patient’s prognosis. If the patient does not have DIACOMIT, they are likely to experience more of the following services: 11

* **[list other possible services such as emergency room visits, hospitalizations, or tests (EEGs or MRIs, etc.)]**

Given the results of the DIACOMIT clinical trials demonstrating significant reduction in seizure frequency and duration, it is my professional medical opinion that **[Patient Name]** should receive DIACOMIT in order to improve seizure control.

I trust that this information is helpful to you in understanding why I have prescribed treatment with DIACOMIT. If you require any additional information, please do not hesitate to contact me at **[(XXX) XXX-XXXX].**

For more information, please see the full Prescribing Information at: [www.diacomit.com/PI](http://www.diacomit.com/PI)

Sincerely,
**[Physician’s name and title]**

Enclosures: **[Please list and include any additional clinic notes, prescribing Information, FDA approval letter, other supportive medical literature]**

REFERENCES
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