### Antiepileptics

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>Step Therapy</td>
<td>1 year</td>
</tr>
<tr>
<td>Quantity Limit</td>
<td></td>
</tr>
</tbody>
</table>

*Maryland Medicaid – See State Specific Guidance below*

*Indiana Medicaid – See State Specific Guidance Below*

<table>
<thead>
<tr>
<th>Medications</th>
<th>Comment</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine</td>
<td>Preferred</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>Epitol</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Ethosuximide</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Felbamate</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Lamotrigine Chewable</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Lamotrigine IR</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Lamotrigine ODT</td>
<td>Preferred</td>
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</tr>
<tr>
<td>Lamotrigine XR</td>
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</tr>
<tr>
<td>Levetiracetam extended release</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Oxcarbazepine</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Phenytoin</td>
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<td></td>
</tr>
<tr>
<td>Primidone</td>
<td>Preferred</td>
<td></td>
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<tr>
<td>Tiagabine</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Topiramate</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Topiramate Sprinkle Cap</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Valproic acid/Valproate</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Zonisamide</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Aptiom (eslicarbazepine)</td>
<td>Non-Preferred</td>
<td></td>
</tr>
<tr>
<td>Banzel (rufinamide)</td>
<td>Non-Preferred</td>
<td></td>
</tr>
<tr>
<td>Briviact (brivaracetam)</td>
<td>Non-Preferred</td>
<td></td>
</tr>
</tbody>
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WEB-PEC-0607-17
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D. Individual is 16 years of age or older, has a diagnosis of partial seizures, and is converting to monotherapy from one of the following single antiepileptic drugs or has been receiving the medication for 90 days or more:
   1. Carbamazepine; OR
   2. Phenytoin; OR
   3. Phenobarbital; OR
   4. Primidone; OR
   5. Valproic Acid; OR

E. Medication is being used to treat intractable infantile spasms (DrugPoints B, Ila);

**AND**

F. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product or has been receiving the non-preferred product for 90 days or more or the preferred agent is not FDA approved for the prescribed indication;

**OR**

IV. Requests for brand Lamictal XR may be approved if the following criteria are met:

A. Individual is 13 years of age or older and has a diagnosis of partial seizures; OR

B. Individual is 13 years of age or older, has a diagnosis of primary generalized tonic-clonic (PGTC) seizures, and is using as adjunctive therapy;

**AND**

C. Individual has trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product or has been receiving Lamictal XR (brand) for 90 days or more or the preferred agent is not FDA approved for the prescribed;

**Note:** Lamotrigine agents have a black box warning for serious skin rashes. Serious, life-threatening rashes (including Stevens-Johnson syndrome) requiring hospitalization and discontinuation of treatment have occurred. The rate of serious rash is greater in pediatric individuals than in adults. The risk of rash may also be increased by co-administration with valproate (includes valproic acid and divalproex sodium), exceeding the recommended initial dose, or exceeding the recommended dose escalation. Nearly all cases of life-threatening rashes associated with lamotrigine have occurred within 2 to 8 weeks of treatment initiation. Benign rashes also occur; however, it is not possible to predict which rashes prove to be serious or life-threatening. Therapy should ordinarily be discontinued at the first sign of rash, unless the rash is clearly not drug related.
MARKET APPlicABILITY/EFFECTIVE DATE

| Market | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
|--------|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Applicable | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids*

**OR**

V. Requests for Banzel (rufinamide) may be approved when the following criteria are met:

A. Individual has been on Banzel (rufinamide) in the past 180 days; OR
B. Individual is 1 year of age or older and is using for the adjunctive treatments of seizures associated with Lennox-Gastaut Syndrome (LGS);

**AND**

C. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on Banzel (rufinamide) for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

**OR**

VI. Requests for Fycompa (perampanel) may be approved when the following criteria are met:

A. Individual is 12 years of age or older, is using as adjunctive therapy, and either has a diagnosis of partial-onset seizures (with or without secondarily generalized seizures) or primary generalized tonic clonic seizures; AND
B. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on Fycompa (perampanel) for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

**NOTE:** Fycompa (perampanel) has a block box warning regarding serious or life-threatening psychiatric and behavioral adverse reactions. These include aggression, hostility, irritability, anger and homicidal ideation. These can occur in individuals with and without prior psychiatric history or concomitant medication use. Individuals should be advised to contact a healthcare provider immediately if any of these reactions or changes in mood, behavior, or personality occur while taking Fycompa. Individuals should be closely monitored during titration periods and at higher doses. Fycompa should be reduced if symptoms occur and discontinued immediately if symptoms are severe or worsening.

**OR**

VII. Requests for Onfi (clobazam) may be approved if the following criteria are met:

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AND

D. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on Sabril (vigabatrin) for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

Note: Sabril (vigabatrin) has a black box warning for vision loss. Sabril causes permanent bilateral concentric visual field constriction. Because assessing vision loss is difficult in infants and children, the frequency and extent of vision loss is poorly characterized in these individuals. For this reason, the risk is primarily based on the adult experience. Because of the risk of permanent vision loss, Sabril is available only through a special restricted program under a risk evaluation and mitigation strategy (REMS) called the SHARE program. Further information is available at http://www.sabril.net or by calling 1-888-457-4273.

OR

X. Requests for Vimpat (lacosamide) may be approved if the following criteria are met:

A. Individual is 17 years of age or older, and has a diagnosis of partial-onset seizures;

AND

B. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on Vimpat (lacosamide) for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

OR

XI. Requests for Trokendi XR, Qudexy XR may be approved if the following criteria are met:

A. Individual has a diagnosis of partial-onset seizures, primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut syndrome (LGS); AND

B. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on the requested non-preferred product for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

OR

XII. Requests for Topamax (brand only), Topamax Sprinkles (brand only) and Topiramate ER (brand only) may be approved if the following criteria are met:

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A. Individual has a diagnosis of partial-onset seizures, primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut syndrome (LGS); OR
B. Individual is 12 years of age or older and using for migraine headache prophylaxis; OR
C. Individual is using for the management of alcohol dependence (AHFS); AND
D. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on the requested non-preferred product for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

OR

XIII. Requests for Spritam (levitiracetam) may be approved when the following criteria are met:

A. Individual is 4 years of age and older; AND
B. Individual weighs more than 20 kg; AND
C. Individual is using to treat partial onset seizures;

OR

D. Individual is 12 years of age or older; AND
E. Individual is using to treat juvenile myoclonic epilepsy;

OR

F. Individual is 6 years of age or older; AND
G. Individual weighs more than 20 kg; AND
H. Individual is using to treat primary generalized tonic-clonic seizures; AND
I. Individual has idiopathic generalized epilepsy;

AND

J. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred product unless the individual has been on Spritam (levitiracetam) for greater than or equal to 90 days or the preferred agent is not FDA approved for the prescribed indication;

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