

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Equetro (carbamazepine extended-release)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Equetro (carbamazepine extended-release)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Equetro (carbamazepine extended-release) may be approved if the following criteria are met:

- I. Individual is 18 years of age and older; **AND**
- II. Individual is using to treat acute manic or mixed (DSM 5 Bipolar I specifiers manic or hypomanic episode with mixed features or depressive episode with mixed features) episodes associated with bipolar I disorder; **AND**
- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to generic Carbatrol (per label formulated similar to Equetro); **AND**
- IV. Documentation is provided for the clinical necessity of the brand agents and the same medical reason and clinical benefit are not expected with the generic agents.

#### **OR**

- V. Individual is 18 years of age and older; **AND**
- VI. Individual is using to treat pain associated with trigeminal neuralgia; **AND**
- VII. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to generically available carbamazepine extended-release (Carbatrol, Tegretol XR); **AND**
- VIII. Documentation is provided for the clinical necessity of the brand agents and the same medical reason and clinical benefit are not expected with the generic agents.

#### **OR**

- IX. Individual is using to treat partial seizures with complex symptomatology; **OR**
- X. Individual is using to treat generalized tonic-clonic seizures; **OR**
- XI. Individual is using to treat mixed seizures;

#### **AND**

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New Program Date 08/01/2017

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- XII. Individual has been receiving the requested product for greater than or equal to 90 days;  
**OR**  
XIII. 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 anticonvulsant; **OR**

Preferred Anticonvulsants: phenobarbital, clonazepam, phenytoin, ethosuximide, epilim, felbamate, clorazepate, diazepam, lamotrigine/lamotrigine ER (all formulations), gabapentin, oxcarbazepine, levetiracetam/levetiracetam XR, zonisamide, acetazolamide, carbamazepine/carbamazepine ER, divalproex sodium, valproic acid, valproate sodium, primidone, roovepra, topiramate, tiagabine

- XIV. The preferred agent is not FDA-approved for the prescribed indication and Equetro is.

**Note:**

Equetro (carbamazepine extended release) has a black box warning for fatal dermatologic reactions, including toxic epidermal necrolysis (TEN) and Stevens - Johnson syndrome (SJS), aplastic anemia, and agranulocytosis. Avoid use of Equetro in patients testing positive for HLA-B\* 1502 allele.

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 9, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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