



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTICONVULSANTS PA SUMMARY**

Preferred	Non-Preferred
<p>Aptiom (eslicarbazepine)* Briviact (brivaracetam tablets, oral solution)* Carbamazepine IR, SR and ER generic Clobazam tablets generic Diazepam rectal gel generic Divalproex generic Epidiolex (cannabidiol)* Equetro (carbamazepine ER) Ethosuximide generic Felbatol (felbamate tablets and oral solution) Fycompa oral suspension and tablets (perampanel)* Gabapentin generic Lacosamide oral solution, tablets generic Lacosamide injection generic* Lamotrigine tablets and chewable dispersible tablets generic Levetiracetam IR tablets, oral solution generic Levetiracetam ER 500 mg, 750 mg tablets generic Lyrica capsules and oral solution (pregabalin) Nayzilam (midazolam nasal spray) Oxcarbazepine IR tablets generic Phenytoin generic Primidone generic Qudexy XR (topiramate ER) Topiramate IR sprinkle capsules, tablets generic Trileptal Suspension (oxcarbazepine) Valproic acid capsules, syrup generic Valtoco (diazepam nasal spray) Xcopri (cenobamate)* Zonisamide capsules generic</p>	<p>Banzel suspension and tablets (rufinamide) Briviact (brivaracetam injection) Clobazam oral suspension generic Diacomit (stiripentol) Fintepla (fenfluramine) Sabril tablets and powder for solution (vigabatrin) Tiagabine generic Ztalmy (ganaxolone)</p>

\*Preferred agent that requires PA. IR=immediate-release; ER/XR=extended-release; ODT=orally disintegrating tablet

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- Aptiom, Briviact, Epidiolex, Fycompa, lacosamide injection generic, and Xcopri are preferred but require prior authorization.

**PA CRITERIA:**

Aptiom

- ❖ Approvable for members 4 years and older with a seizure disorder (epilepsy) who have tried and failed at least one preferred anticonvulsant.

Banzel

- ❖ Approvable for members 1 year of age and older with seizures associated with Lennox-Gastaut Syndrome (LGS) who have had an inadequate response to at least two



anticonvulsants used for LGS and when used in combination with another anticonvulsant for LGS.

- ❖ In addition for the suspension, member must be unable to swallow solid dosage formulations or must require a dose that cannot be delivered by administering the tablets.

### Briviact

- ❖ Approvable for members 1 month and older with a seizure disorder (epilepsy) who have tried and failed at least one preferred anticonvulsant.
- ❖ In addition, for the injection, approvable for members who have received clinical benefit from Briviact tablets or oral solution and have temporary inability to swallow, tolerate or absorb the tablets or oral solution. Briviact injection must be administered in member's home or in a long-term care facility.

### Clobazam Oral Suspension Generic

- ❖ For members 2 years of age and older with seizures associated with Lennox-Gastaut Syndrome (LGS) who are unable to swallow clobazam tablets whole, cut in half or crushed and when used in combination with another anticonvulsant for LGS.
- ❖ For members 2 years of age and older with seizures associated with Dravet syndrome (DS) who are unable to swallow clobazam tablets whole, cut in half or crushed.

### Diacomit

- ❖ Approvable for members 6 months of age and older with seizures associated with Dravet syndrome (DS) who have had an inadequate response to at least two of the following: cannabidiol (Epidiolex), clobazam (Onfi, Sympazan), clonazepam (Klonopin), fenfluramine (Fintepla), levetiracetam (Keppra), topiramate (Qudexy XR, Topamax, Trokendi XR) and valproic acid derivative (Depakene, Depakote) and when the medication is being used in combination with clobazam or valproic acid derivative.
- ❖ Must be prescribed by or in consultation with a neurologist.

### Epidiolex

- ❖ Approvable for members 1 year of age and older with seizures associated with Lennox Gastaut Syndrome (LGS) or Dravet syndrome (DS) who have had an inadequate response to at least one of the following: clobazam (Onfi, Sympazan), clonazepam (Klonopin), levetiracetam (Keppra), topiramate (Qudexy XR, Topamax, Trokendi XR) or valproic acid derivative (Depakene, Depakote).
- ❖ Approvable for members 1 year of age and older with seizures associated with tuberous sclerosis complex (TSC) who have had an inadequate response to at least one other preferred anticonvulsant.
- ❖ Must be prescribed by or in consultation with a neurologist.

### Fintepla

- ❖ Approvable for members 2 years of age and older with seizures associated with Dravet syndrome (DS) who have had an inadequate response to at least two of the following: cannabidiol (Epidiolex), clobazam (Onfi, Sympazan), clonazepam (Klonopin), levetiracetam (Keppra), stiripentol (Diacomit), topiramate (Qudexy XR, Topamax, Trokendi XR) and valproic acid derivative (Depakene, Depakote).
- ❖ Approvable for members 2 years of age and older with seizures associated with Lennox-Gastaut Syndrome (LGS) who have had an inadequate response to at least two of the



following: cannabidiol (Epidiolex), clobazam (Onfi, Sympazan), clonazepam (Klonopin), felbamate (Felbatol), lamotrigine (Lamictal), rufinamide (Banzel), topiramate (Qudexy XR, Topamax, Trokendi XR) and valproic acid derivative (Depakene, Depakote).

- ❖ In addition, the medication must be prescribed by or in consultation with a neurologist.

#### Fycompa

- ❖ Approvable for members 4 years of age and older with a seizure disorder (epilepsy) who have tried and failed at least one preferred anticonvulsant.

#### Lacosamide Injection Generic

- ❖ Approvable for members 1 month of age or older with a seizure disorder (epilepsy) who have received clinical benefit from lacosamide tablets or oral solution (Vimpat) and have temporary inability to swallow, tolerate or absorb the tablets or oral solution.
- ❖ Must be administered in member's home or in a long-term care facility.

#### Sabril

- ❖ Approvable for members 1 month to up to 2 years of age with infantile spasms.
- ❖ Approvable for members 2 years of age and older with refractory complex partial seizures who have tried and failed at least three other anticonvulsants and when used in combination with another anticonvulsant.
- ❖ Prescriber and member must be enrolled in the Sabril SHARE program.
- ❖ Prescriber and member must be aware of the risks of permanent vision loss/reduced visual acuity and the need for visual monitoring during therapy and for 3 to 6 months after therapy discontinuation.
- ❖ Member must see an ophthalmologist for a baseline visual assessment.

#### Tiagabine Generic

- ❖ Approvable for members 12 years of age and older with a seizure disorder (epilepsy) who have tried and failed at least three preferred anticonvulsants and when used in combination with another anticonvulsant.

#### Xcopri

- ❖ Approvable for members 18 years of age and older with a seizure disorder (epilepsy) who have tried and failed at least one preferred anticonvulsant.

#### Ztalmy

- ❖ Approvable for members 2 years of age and older with seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) confirmed by genetic testing who have tried and failed at least three preferred anticonvulsants and are experiencing at least 16 major motor seizures per month, and
- ❖ Must be prescribed by or in consultation with a neurologist.

### **QLL CRITERIA:**

#### Lacosamide Tablets Generic

- ❖ An authorization to exceed the QLL may be approved when the member's dose is being titrated due to initiation of therapy or an increase in dosage requirements.



### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.