



ANTICONVULSANTS PA SUMMARY

PREFERRED	Banzel tablets (requires PA), carbamazepine IR and ER (generic), Carbatrol capsules (brand), Celontin, Depakote Sprinkles (brand), Diastat (brand), divalproex DR and ER (generic), Felbatol (brand), gabapentin capsules (generic), lamotrigine tablets and chewable dispersible tablets (generic), levetiracetam tablets and solution (generic), Lyrica capsules, Onfi tablets (requires PA), oxcarbazepine (generic), phenytoin (generic), topiramate sprinkle capsules and tablets (generic), valproic acid syrup (generic), Vimpat oral solution and tablets, Vimpat injectable (requires PA), zonisamide (generic)
NON-PREFERRED	Aptiom, Banzel suspension, carbamazepine SR capsules (generic), diazepam rectal gel (generic), divalproex sprinkles (generic), felbamate (generic), Fycompa, gabapentin solution and tablets (generic), Gabitril, Lamictal Kits and ODT, lamotrigine ER (generic), levetiracetam ER tablets (generic), Lyrica oral solution, Onfi oral suspension, Oxtellar XR, Potiga, Qudexy XR, Sabril tablets and powder for solution, Stavzor, tiagabine (generic), topiramate ER (generic), Trokendi ER, valproic acid capsules (generic)

LENGTH OF AUTHORIZATION: Varies

NOTE: Criteria for Horizant and Gralise are listed in a separate document titled "Gabapentin Products".

NOTE: Brand Diastat only requires PA for members age 21 and over; generic diazepam rectal gel requires PA for members of all ages.

NOTE: If generic diazepam rectal gel is approved, the PA will be issued for brand Diastat rectal gel. If generic tiagabine is approved, the PA will be issued for brand Gabitril. If generic lamotrigine ER is approved, the PA will be issued for brand Lamictal XR. If Qudexy XR is approved, the PA will be issued for generic topiramate ER.

PA CRITERIA:

For Aptiom

- ❖ Approvable as an adjunct anticonvulsant for members with a seizure disorder (epilepsy) who have tried at least two other anticonvulsants, one of which must be oxcarbazepine.

For Banzel

- ❖ Approvable for members 4 years of age and older with seizures associated with Lennox-Gastaut Syndrome (LGS) when used in combination with other anticonvulsant(s).

AND

- ❖ Member must have experienced an insufficient response to at least two medications used for LGS.



- ❖ For Banzel suspension, member must be unable to swallow solid dosage forms or must require a dose that cannot be delivered by the tablets.

For Carbamazepine SR (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand-name Carbatrol, is not appropriate for the member.

For Diastat and Diazepam Rectal gel (generic)

- ❖ Approvable for members with a seizure disorder (epilepsy) who are currently on a stable antiepileptic drug regimen.

AND

- ❖ Must be used for increased bouts (clusters) of seizure activity different from the member's ordinary seizure activity.

For Divalproex Sprinkles (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, the same formulation of brand-name Depakote Sprinkles, is not appropriate for the member.

For Felbamate (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand-name Felbatol, is not appropriate for the member.

For Gabapentin oral solution or tablets (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, gabapentin capsules, is not appropriate for the member. Otherwise, gabapentin solution is approvable for members unable to swallow solid dosage forms (or members who are less than 13) who have tried two other anticonvulsants available in liquid formulations.

For Fycompa and Gabitril (brand or generic tiagabine)

- ❖ Approvable as an adjunct anticonvulsant for members 12 years or older with a seizure disorder (epilepsy) who have tried and failed at least two other anticonvulsants.

For Lamictal ODT or Lamotrigine ER (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, lamotrigine tablets or chewable dispersible tablets, is not appropriate for the member. Exceptions include requests for Lamictal ODT in members with bipolar disorder unable to swallow solid dosage forms or in members with epilepsy unable to swallow who have tried and failed at least two other anticonvulsants.

For Lamictal Kits

- ❖ Physician must submit a written letter of medical necessity stating the reasons the non-kit formulation is not appropriate for the member.

For Levetiracetam ER (generic)

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, generic immediate-release levetiracetam tablets or solution, is not appropriate for the member.



For Lyrica oral solution

- ❖ Member must be unable to swallow capsules.

For Onfi

- ❖ Approvable for members 2 years of age and older with seizures associated with Lennox-Gastaut Syndrome (LGS) who have had an insufficient response to clonazepam and at least one other anticonvulsant used for LGS. Must be used in combination with other anticonvulsant(s).

AND

- ❖ If Onfi suspension is requested, member must be unable to swallow solid dosage forms or must require a dose that cannot be delivered by administering the tablets whole or cut in half.

For Oxtellar XR

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic oxcarbazepine, is not appropriate for the member.

For Potiga

- ❖ Approvable as an adjunct anticonvulsant for members 18 years of age or older with a seizure disorder (epilepsy) who have tried and failed at least two other anticonvulsants.

AND

- ❖ Prescriber and member must be aware of the risks of eye abnormalities characterized by pigment changes in the retina and the need for periodic eye exams.

AND

- ❖ Member must see an ophthalmologist for a baseline visual assessment.

For Sabril

- ❖ Approvable for members 1 month-2 years with infantile spasms
- ❖ Approvable as an adjunct anticonvulsant for members 10 years of age and older with refractory complex partial seizures who have tried and failed at least three other anticonvulsant medications.
- ❖ Prescriber and member must be enrolled in the Sabril SHARE program.

AND

- ❖ 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 up to 6 months after therapy discontinuation.

AND

- ❖ Member must see an ophthalmologist for a baseline visual assessment.

For Stavzor and Valproic Acid Capsules (generic)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, divalproex DR, Depakote sprinkles, divalproex ER, or valproic acid syrup, are not appropriate for the member.

For Qudexy XR, Topiramate ER (generic) and Trokendi XR

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, topiramate immediate-release tablets or sprinkle capsules, are not appropriate for the member.



For Vimpat injection

- ❖ Approvable for members 17 years of age or older with a seizure disorder (epilepsy) who have received clinical benefit from Vimpat tablets and has temporary inability to swallow or absorb the tablets. Vimpat injection must be administered in member's home by home health or in a long-term care facility.

EXCEPTIONS:

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

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.