This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.

**Overview**

This coverage policy has been developed from HPSJ Coverage Criteria using the best practices guidelines as developed by the American Academy of Neurology and American Epilepsy Society.

**Available Agents for Epilepsy (Current as of 1/2017)**

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Generic Name (Brand Name)</th>
<th>Available Strengths</th>
<th>Formulary Limits</th>
<th>Avg Cost/Rx*</th>
<th>Notes/Restriction Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbiturates</td>
<td>Primidone (Mysoline)</td>
<td>50mg, 250mg</td>
<td>--</td>
<td>$13.96</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Phenobarbital (Luminal)</td>
<td>15mg, 30mg, 60mg, 80mg, 90mg, 100mg, 20mg/5mL Elixir</td>
<td>--</td>
<td>$35.48</td>
<td>--</td>
</tr>
<tr>
<td>Succinimides</td>
<td>Methsuximide (Celontin)</td>
<td>300mg</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Ethosuximide (Zarontin)</td>
<td>250mg, 250mg/5mL, Soln</td>
<td>PL</td>
<td>$136.93</td>
<td>Restricted to Neurologists</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Clobazam (Onfi)</td>
<td>10mg, 20mg</td>
<td>PL</td>
<td>$1,051.40</td>
<td>Restricted to Neurologists</td>
</tr>
<tr>
<td></td>
<td>Clonazepam (Klonopin)</td>
<td>ODT: 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg, Tablet: 0.5mg, 1mg, 2mg</td>
<td>--</td>
<td>$4.41</td>
<td>--</td>
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<tr>
<td></td>
<td>Acetazolamide (Diamox)</td>
<td>125mg, 250mg, 500mg, ER.</td>
<td>--</td>
<td>$132.18</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Lacosamide (Vimpat)</td>
<td>50mg, 100mg/5mL, 100mg/5mL, IV soln.</td>
<td>PL</td>
<td>$705.73</td>
<td>Restricted to Neurologists</td>
</tr>
<tr>
<td></td>
<td>Carbamazepine (Tegretol)</td>
<td>200mg</td>
<td>--</td>
<td>$77.78</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Oxcarbazepine (Trileptal)</td>
<td>150mg, 300mg, 600mg, 300mg/5mL</td>
<td>--</td>
<td>$70.10</td>
<td>--</td>
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<tr>
<td></td>
<td>Divalproex Sodium (Depakote)</td>
<td>125mg, DR, 250mg, 500mg, 800mg, 125mg sprinkle caps.</td>
<td>--</td>
<td>$26.46</td>
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<tr>
<td>Miscellaneous Anticonvulsants</td>
<td>Valproic Acid (Depakene)</td>
<td>250mg, 250mg/5mL, Soln</td>
<td>--</td>
<td>$104.50</td>
<td>--</td>
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<tr>
<td></td>
<td>Topiramate (Topamax)</td>
<td>15mg Sprinkle Cap, 25mg Sprinkle Cap, 25mg, 50mg, 100mg, 200mg, Sprinkle Capsule: PA IR: No Limit</td>
<td>IR: $25.69, Sprinkle: $78.00</td>
<td>--</td>
<td>Sprinkle Capsules are restricted to members with a documented inability to swallow.</td>
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<tr>
<td></td>
<td>Felbamate (Felbatol)</td>
<td>400mg, 600mg</td>
<td>PL</td>
<td>$32.66</td>
<td>Restricted to Neurologists</td>
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<tr>
<td></td>
<td>Gabapentin (Neurontin)</td>
<td>200mg, 300mg, 600mg, 800mg, 250mg/5mL, Soln.</td>
<td>--</td>
<td>$22.30</td>
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<tr>
<td></td>
<td>Phenytoin (Dilantin)</td>
<td>50mg, 100mg, 125mg/5mL</td>
<td>--</td>
<td>$31.15</td>
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</tr>
<tr>
<td></td>
<td>Pregabalin (Lyrica)</td>
<td>25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg, PA</td>
<td>--</td>
<td>$393.41</td>
<td>--</td>
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<tr>
<td></td>
<td>Vigabatrin (Sabril)</td>
<td>500mg Tablet, 500mg Powder Packet</td>
<td>PA, PL</td>
<td>$8,705.50</td>
<td>Restricted to Neurologists See Page 3 for full criteria</td>
</tr>
<tr>
<td></td>
<td>Tiagabine (Gabitril)</td>
<td>2mg, 4mg, 12mg, 16mg</td>
<td>PL</td>
<td>$1475.08</td>
<td>Restricted to Neurologists</td>
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<tr>
<td></td>
<td>Levetiracetam (Keppra)</td>
<td>250mg, 500mg, 750mg, 1000mg, 500mg ER, 750mg ER, 500mg/5mL Soln, 500mg/5mL IV Soln.</td>
<td>--</td>
<td>$44.48 IR: $100.47</td>
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<td>Lamotrigine (Lamictal)</td>
<td>5mg Chew Tab, 25mg Chew Tab, 25mg, 100mg, 150mg, 200mg</td>
<td>--</td>
<td>$12.68 IR: $50.06, ER: $57.53</td>
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<td>Zonisamide (Zonegran)</td>
<td>25mg, 50mg, 100mg</td>
<td>--</td>
<td>$47.14</td>
<td>--</td>
</tr>
</tbody>
</table>

*Based on utilization data from 2/2016 - 1/2017. PL = Restricted to Neurologist Providers, PA = PA required. ST = Step Therapy, IR = Immediate Release, ER = Extended Release, ODT = Orally Dissolving Tablet
### EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HSPJ Medical Review Guidelines (UM06).

#### CCS Coverage Requirements for Members aged 0-20:
California Childrens’ Services covers HPSJ members with refractory epilepsy who are concurrently on two or more epileptic medications (not including rescue medication, such as Diastat, or other benzodiazepines). For coverage through the CCS program, members must be seen by a CCS Specialist. Submit the member’s most recent 6 months of records to the CCS Program for review. Fax numbers are listed below.
- San Joaquin County: (209)953-3632
- Stanislaus County: (209)558-7862

#### Barbiturates
**Primidone (Mysoline), Phenobarbital (Luminal)**
- Coverage Criteria: None
- Limits: None
- Required Information for Approval: N/A

#### Succinimides
**Methsuximide (Celontin)**
- Coverage Criteria: None
- Limits: None
- Required Information for Approval: N/A

**Ethosuximide (Zarontin)**
- Coverage Criteria: None
- Limits: Restricted to Neurologists
- Required Information for Approval: PA must be submitted by a neurologist.

#### Benzodiazepines
**Clobazam (Onfi)**
- Coverage Criteria: None
- Limits: Restricted to Neurologists
- Required Information for Approval: PA must be submitted by a neurologist.

**Clonazepam (Klonopin)**
- Coverage Criteria: None
- Limits: None
- Required Information for Approval: N/A

#### Miscellaneous Anticonvulsants
**Acetazolamide (Diamox)**
- Coverage Criteria: None
- Limits: None
- Required Information for Approval: N/A

**Lacosamide (Vimpat)**
- Coverage Criteria: None
- Limits: Restricted to Neurologists
- Required Information for Approval: PA must be submitted by a neurologist.

**Carbamazepine (Tegretol), Oxcarbazepine (Trileptal)**
- Coverage Criteria: None
- Limits: None
- Required Information for Approval: N/A
**Divalproex Sodium (Depakote), Valproic Acid (Depakene)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Topiramate (Topamax)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Topiramate (Topamax) Sprinkle Capsules (15mg and 25mg)**
- **Coverage Criteria:** Restricted to members with a documented inability to swallow.
- **Limits:** None
- **Required Information for Approval:** Chart notes documenting an inability to swallow. Documentation of the member's barium swallow or speech-language pathology notes preferred.

**Felbamate (Felbatol)**
- **Coverage Criteria:** None
- **Limits:** Restricted to Neurologists
- **Required Information for Approval:** PA must be submitted by a Neurologist.

**Gabapentin (Neurontin)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Phenytoin (Dilantin)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Pregabalin (Lyrica)**
- **Coverage Criteria:** Lyrica is step therapy to treatment failure of a tricyclic antidepressant and gabapentin at dose larger than 1800mg/day for at least 8 weeks.
- **Limits:** None
- **Required Information for Approval:** Chart notes and pharmacy fill history documenting treatment failure of dose optimized Gabapentin, and at least one tricyclic antidepressant.

**Vigabatrin (Sabril)**
- **Coverage Criteria:** Restricted to use by Neurologists. Documented visual acuity test is required before initiation. Initial approval is for 4 weeks.
  - **For Infantile Spasms:** For use only in children less than 2 years of age. Limit 150mg/kg/day.
  - **For Complex Partial Seizures:** Reserved for members 10 and older, with dose optimized treatment failure of 3 anti-epileptic agents, including one of the following: carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid, divalproex sodium, zonisamide or tiagabine. Sabril is not to be used as monotherapy. For patients 17 and older, limit 3g per day. For patients 10-16 years of age, limit 2g per day.
- **Limits:** Age < 2: 150mg/kg/day, Age 10-16: Limit 2g per day, Age 17+: Limit 3g per day.
- **Required Information for Approval:** Documentation of previous treatment failure, current weight if using weight based dosing. For reauthorization: documentation of clinical improvement while on therapy.

**Tiagabine (Gabitril)**
- **Coverage Criteria:** None
- **Limits:** Restricted to Neurologists
- **Required Information for Approval:** PA must be submitted by a Neurologist.
**Lamotrigine (Lamictal)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Lamotrigine (Lamictal)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Zonisamide (Zonegran)**
- **Coverage Criteria:** None
- **Limits:** None
- **Required Information for Approval:** N/A

**Clinical Justification**
As can be seen from the above list of formulary anticonvulsants, many options are available to providers wishing to control seizure activity in their patients. Some agents are restricted to use by neurologists. These restrictions are in place to ensure that members are seen on a regular basis by their neurologist to ensure that standards of practice are met, and that patients receive adequate follow up. Generally, medications in this category are free of restrictions, when prescribed by a neurologist, as can be seen by the above formulary agents chart.

**Guideline & Literature Review**
- American Epilepsy Society 2015 Evidence-Based Guidelines.
- American Academy of Neurology 2015 Evidence-Based guidelines for Epilepsy

**Criteria Review for Unnecessary Barriers**
Current requirements are appropriate

**Recommendations**
Review on an Annual Cycle.

**References**
1. HPSJ formulary criteria
2. Package inserts obtained from dailymed.nlm.nih.gov
   Sabril (vigabatrin) [prescribing information]. Cincinnati, OH: Patheon; June 2016.

**REVIEW & EDIT HISTORY**

<table>
<thead>
<tr>
<th>Document Changes</th>
<th>Reference</th>
<th>Date</th>
<th>P&amp;T Chairman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update to Policy</td>
<td>Banzel Monograph.doc</td>
<td>9/24/2009</td>
<td>Allen Shek PharmD BCPS</td>
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<td>Update to Policy</td>
<td>Formulary realignment 2-2010.xlsx</td>
<td>3/5/2010</td>
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<td>5/16/2011</td>
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<td>9/16/2013</td>
<td>Allen Shek PharmD BCPS</td>
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<tr>
<td>Update to Policy</td>
<td>Neurologic Disorders – Epilepsy</td>
<td>2/16/2016</td>
<td>Johnathan Yeh PharmD</td>
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</tbody>
</table>

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy.