DRUG DETERMINATION POLICY

Title: DDP-36 Third Generation Anticonvulsants

Effective Date: 06/30/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Third generation anticonvulsants are specialty drugs indicated for a number of types of epilepsy and are associated with significant side effects. These criteria were developed and implemented to ensure appropriate use for the intended diagnose and severity..

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Partial Onset Seizures.

1. Adjunctive therapy of partial onset seizures:

    a. Age: Potiga (ezogabine) - at least 18 years.

    b. Other therapies (meets both listed below):

        i. Contraindicated, inadequate response or significant adverse effects with two formulary anti-epileptic drugs.

        ii. Concomitant use with other anti-epileptic drug(s).

2. Adjunct and monotherapy of partial-onset seizures (meets both listed below):

    a. Age.

i. Vimpat oral, Iintravenous (lacosamide): at least four years.

ii. Aptiom (eslicarbazepine): at least four years.

iii. Gabitril (tiagabine): at least 12 years.

iv. Fycompa (perampanel): at least four years.

v. Briviact oral, intravenous (brivaracetam): at least four years.

vi. Xcorpi (cenobamate): at least 18 years.

b. Other therapies: contraindicated, inadequate response or significant adverse effects to two formulary anti-epileptic drugs.

3. Refractory complex partial seizures (meets both listed below):

a. Age: Sabril (vigabatrin) - at least ten years.

b. Other therapies: contraindicated, inadequate response or significant adverse effects to two formulary anti-epileptic drugs.

B. Primary generalized tonic-clonic seizures (meets both listed below):

1. Age: Fycompa (perampanel) - at least 12 years.

2. Other therapies (meets both listed below):

a. Contraindicated, inadequate response or had significant adverse effects with to two formulary anti-epileptic drugs.

b. Concomitant use with other anti-epileptic drug(s).

C. Infantile spasm monotherapy (meets all listed below):

1. Age: Sabril (vigabatrin) - one month to two years.

2. Prescriber: pediatric neurologist.

3. Other therapies: contraindicated, inadequate response or significant adverse effects to two formulary anti-epileptic drugs.

4. Potential benefits out-weighs risk of vision loss.

D. Lennox-Gastaut syndrome and Dravet syndrome (meets all listed below):

1. Age:

a. Epidiolex oral solution (cannabidiol): at least two years.

b. Diacomit capsules, packets (stiripentol): at least one year (only indicated for Dravet syndrome)

c. Onfi tablet and suspension (clobazam) and Sympazan film (clobazam): at least two years (only indicated for Lennox-Gastaut syndrome).

2. Prescriber: neurologist.

3. Other therapies: contraindicated, inadequate response or significant adverse effects to two formulary anti-epileptic drugs.

E. Dosage Regimen (see Appendix I).

F. Approval.

1. Initial.

a. All except Sabril: six months.

b. Sabril.

i. Partial onset seizure: three months.

ii. Infantile Spasm: two to four weeks.

2. Re-approval (all): one year; reduction of seizure activity.

4.0 Coding:

AFFECTED CODES				
HP Code	**Brand Name**	**Generic Name**	**Billing (1 unit)**	**Prior Approval**
C9254	Vimpat	lacosamide	1mg	Y

5.0 References, Citations & Resources:

1. Epilepsia. 2006 Jul;47(7):1094-120.

2. Epilepsia. 2007, 48(7): 1308-17.

3. Neurology. 2011 May 3;76(18): 1555-63.

4. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Vimpat, Fycompa, Potiga, Aptiom Sabril, Gavitril, Briviact, Epidiolex, Diacomit, Onfi, Sympazan, Xcorpi accessed May 2020.

6.0 Appendices:

See pages 4-7.

7.0 Revision History:

Original Effective Date: 08/26/2010

Next Review Date:

Revision Date	Reason for Revision
8/19	Moved to new format,
9/19	Replaced abbreviations, modified billing table, added clobazam
4/20	Annual review; added Xcorpi, replaced abbreviations, clarified dose table, relabeled partial seizure type and meds to treat, modified instruction and other therapies language, updated ages, approved at June P&PT Committee meeting.

Appendix I: Dosing of Anticonvulsants

Drug	Initial	Titration	Target/Max	Adjustment
Vimpat oral, IV lacosamide	Pediatric: 11-<50Kg: 1mg/Kg twice daily Adults: 50-100mg mg twice daily	Pediatric: Raise 1mg/Kg twice daily, at weekly intervals Adults: 50mg twice daily (weekly intervals)	Pediatric: 2-6mg/Kg twice daily Adults: 100-200 mg twice daily	• Severe renal impairment (RI) (CrCl ≤ 30ml/min): peds - reduce 25% Adult - max 50mg twice daily • Hepatic impairment (HI): mild/mod - pediatric reduce 25%; adult max 50mg twice daily; severe - not recommended
Fycompa perampanel	Adult/Pediatric: • 2mg daily • Enzyme-inducing antiepileptic drugs (AED): 4mg daily	Adult/Pediatric: raise by 2mg daily every week	Adult/Pediatric: 8-12mg	• Reduce dose with serious psychiatric or behavioral reactions • Severe RI (CrCl ≤ 30ml/min): not recommended • HI: mild - 6mg daily; moderate -4mg daily
Potiga ezogabine	• 100mg thrice daily • Over 65 yrs - 50mg	Raise ≤ 50 mg thrice daily, at weekly intervals	1,200mg daily Over 65: 750mg daily	• RI: CrCL <50mL or on dialysis: 200mg thrice daily • HI: Child-Pugh 7-9 250 thrice daily; Child-Pugh >9 200mg thrice daily
Aptiom eslicarbazepine	Pediatric: 11-21 Kg: 200mg 22-31 Kg:il300mg 32-38 Kg: 300mg >38Kg: 400mg Adult: 400mg daily	Pediatric: 11-21 kg: raise by 200mg weekly 22-31 Kg: raise by 300mg weekly 32-38 Kg: raise by 300mg weekly >38Kg: raise by 400mg weekly Adult: Raise by 400mg weekly	Pediatric: 11-21Kg: 600mg daily 22-31 Kg: 800mg daily 32-38 Kg 900mg daily >38Kg 1,200mg daily Adult: 1,600mg daily	• RI: CrCL <50mL: 200mg; raise by 200mg to maximum 600mg • HI: mild to moderate - no adjustment; severe - not recommended
Sabril vigabatrin POS	• ≤ 60kg: 250mg twice daily • >60 Kg: 500mg twice daily	Raise by 500mg weekly to 1.5gms twice daily	• ≤60Kg: 2gms daily • >60Kg: 3 gms daily	• RI: mild (CrCl: 50-80ml/min) reduce dose 25%; moderate (CrCl 30-50ml/min) reduce dose 50%; severe (CrCl 10-30ml/min): reduce dose 75% • HI: no adjustment

Drug	Initial	Titration	Target/Max	Adjustment
Sabril vigabatrin Inf. spasms	150mg/Kg daily	Raise by 25-50mg/Kg daily every 3-4 days	150mg/Kg daily (in 2 doses)	• RI: mild (CrCl: 50-80ml/min) reduce dose 25%; moderate (CrCl 30-50ml/min) reduce dose 50%; severe (CrCl 10-30ml/min): reduce dose 75% • HI: no adjustment
Gabitril tigabine	• AED: • No AED: 2mg	Raise 4-8mg weekly divided into 2-4 doses daily	32-56 mg daily	• Pediatric: maximum 32mg daily • HI: may need to reduce dose
Briviact oral, IV brivarace-tam	Pediatric: 11-50Kg 0.5 to 1.25mg/kg twice daily Adult: 50mg twice daily	Titrate up or down depending on response	Pediatric: 2.5mg/Kg twice daily Adult: 50-100mg twice daily	• RI: end stage - not recommended • HI: mild-severe - 50-150mg daily
Epidiolex oral solution (cannabidiol)	2.5 mg/Kg twice daily	Raise to 5mg/kg twice daily at 1 week.	Max: 10mg/Kg twice daily	• RI: no adjustment • HI: mod.1.25-5mg/kg twice daily
Diacomit oral stripentol	Pediatric/Adult: 50mg/Kg daily in 2-3 doses	NA	Pediatric/Adult: 3gms daily	• RI: moderate to severe - avoid use • HI: moderate to severe - avoid use
Onfi/Sympazan oral clobazam	Pediatric/Adult: ≤30Kg: 5mg daily >30Kg: 5mg twice daily	Pediatric/Adult: ≤30Kg: raise 5mg twice daily for 1 week, then 10mg 2 times weekly. >30Kg: raise 10mg twice daily at 1 week, then 20mg twice daily	Pediatric/Adult: ≤30Kg: 20mg daily >30Kg: 40mg daily	• HI: mild-moderate - start with 5mg daily
Xcorpi cenobamate	Weeks 1 and 2: 2.5mg daily	Weeks 3 and 4: 25mg daily Weeks 5 and 6: 50mg daily Weeks 7 and 8: 100mg daily Weeks 9 and 10: 150mg daily Week 11 and on: 200mg daily; then raise 50mg every 2 weeks	400mg daily	• RI: <90CrCl – consider reduced dose • HI: mild-moderate: maximum dose 200mg; severe: avoid use

Appendix II: Monitoring & Patient Safety

Drug	Adverse Reactions*	Monitoring	REMS
Vimpat Oral, IV lacosamide	• Central Nervous System: dizziness (16-53%), fatigue (7-15%), ataxia (4-15%), HA (11-14%) • Gastrointestinal: N (7-17%), V (6-16%) • Musculoskeletal : tremor (4-12%) • Ophthalmic.: diplopia (6-16%), reduced vision (2-16%)	• Central Nervous System: suicidality • Cardiovascular: ECG with conduction problems, increased PR interval (drugs/severe cardiac diagnosis), miscellaneous: multi-organ hypersensitivity.: discontinue	Med. guide
Fycompa oral perampanel	• Central Nervous system: dizziness (16-47%), vertigo (3-47%), hostility (12-20%), aggressive behavior (2-20%), drowsiness (9-18%), abnormal gait (4-16%), fatigue (8-15%), headache (13%) Irritability (2-12%), Falling (5-10%)	• Central Nervous system: seizure frequency, suicidality $\leq$ 1 post • Miscellaneous: enzyme-inducing AEDs start or DC, weight	Med. guide
Potiga oral ezogabine	• Central Nervous System: dizziness (23%), drowsiness (22%), fatique (15%)	• Ophthalmic exam: pre- and every 6 months. • Central Nervous system: psychological/behavioral health (BH), seizure frequency, • Cardiovascular: QT interval (risk factors) • Labs: electrolytes • Urological: hepatic/renal function	Med guide
Aptiom oral eslicarbazepine	• Central Nervous system: dizziness (20-28%), drowsiness (16-28%), headache (13- 5%) • Gastrointestinal: Nausea(10-16%), Vomiting (6-10%) • Ophthalmic: diplopia (9-11%)	• Central Nervous System: seizure frequency, depression suicidality • Labs: Live function tests, sodium, Chloride • Ophthalmic: visual changes • Hypersensitivity reactions	Med guide
Sabril oral vigabatrin	• Central Nervous System: somnolence (17-45%), headache (33%), fatigue (23-28%), dizziness (21-24%), irritability (10-23%), sedation (inf. 17-19%), insomnia (10-12%), tremor (14-15%) • Gastrointestinal: vomiting/constipation (14%-20%), diarrhea (10-13%) • Ophthalmic: ↓vision field (30%), nystagmus (13-15%), blurred vision (11-13%) • Miscellaneous: otitis media (inf. 10-44%), fever (29%), infection (7-51%)	• CNS: sedation, Suicidality • Lab: Hgb/Hct • Ophthalmic: dilated indirect exam Pre, 4wks during, q 3-6 post • Miscellaneous: weight gain/edema	REMS Purpose: Aware-ness of vision loss
Gabitril oral tiagabine	• Central Nervous System: dizziness (27-31%), drowsiness (18-21%), nervous (10-14%) • Gastrointestinal: nausea (11%) • Infection (19%) • Musculoskeletal: weak (20%), tremor (9-21%)	• Central Nervous System: seizure activity • Therapeutic range (tentative): 50-250nmol/L	Med guide

Drug	Adverse Reactions*	Monitoring	REMS
Briviact oral, IV brivara-cetam	• Central Nervous System: fatigue, hypersomnia, lethargy or malaise (20-27%); drowsiness/sedation (16-27%), dizziness (12-16%); abnormal gait, ataxia or vertigo (16%) psyche abnormality (13%) • Musculoskeletal: weakness (20-27%) • Ophthalmic: nystagmus (16%)	• Central Nervous System: depression, suicidality • Labs: CBC with differential, liver/renal function	Med guide
Epidiolex oral solution cannabidiol	• Central Nervous System: drowsy/lethargy/sedation (≤32%), • Dermatological: skin rash (7-13%) • Gastrointestinal: reduced appetite (16-22%), diarrhea (9-20%) • Hematology/oncology: anemia (30%) • Hepatic: increased liver function tests • Infection: 25-40%)	• Lab: liver function tests (pre. and 1,3, 6 months post)	None
Diacomit oral stripentol	• Central Nervous System: drowsy (67%), agitation (27%), ataxia (27%), hypotonia (18-24%, dysarthria (12%), insomnia (12%) • Endocrine/metabolism: weight. loss (27%) • Gastrointestinal: reduced appetite (46%), nausea (15%) • Hematology/Oncology: reduced platelets (13%), neutropenia (13%) • Musculoskeletal: tremor (15%) • Pregnancy: adverse effects in animal reproduction studies	• Lab: CBC (pre, every 6 months post), weight, growth rate in peds	Med guide
Onfi/Sympazan oral clobazam	• Central Nervous System: drowsiness(16-25%), lethargy (10-15%), drooling (13-14%), aggressive behavior (8-14%), irritability (11%) • Respiratory: URI (13-14%) • Miscellaneous: fever (10-17%)	• Central Nervous System: mental status/suicidality • Dermatological: serious skin reaction • Respiratory: status	None needed
Xcorpi cenobamate	• Cardiovascular: ECG abnormalities (QT shortening: 31-66%) • Central Nervous System: hypersomnia (57%), lethargy (57%), malaise (57%), drowsiness (19-37%), dizziness (18-33%), fatigue (12-24%), headache (10-12%) • Endocrine/metabolism: increased potassium (8-17%) • Ophthalmic: visual disturbances (9-18%), diplopia ((6-15%) • Pregnancy: adverse effects in animal reproduction studies	• Lab: liver function tests, potassium • Hypersensitivity: drug reaction with eosinophilia and systemic symptoms • Psychological: suicidal ideation	