

DRUG DETERMINATION POLICY

Title: DDP-36 Third Generation Anticonvulsants

Effective Date: 06/22/2022



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:

I. Partial Onset Seizures.

A. Adjunctive therapy of partial onset seizures [must meet both listed below]:

1. Age: Potiga (ezogabine): at least 18 years.
2. Other therapies [must meet both listed below]:
 - a. Contraindicated, inadequate response after four months or significant adverse effects with two formulary anti-epileptic drugs.
 - b. Concomitant use with other anti-epileptic drug(s).

B. Adjunct and monotherapy of partial-onset seizures [must meet both listed below]:

1. Age [must meet one listed below]:

- a. Aptiom (eslicarbazepine): at least four years.
 - b. Gabitril (tiagabine): at least 12 years.
 - c. Fycompa (perampanel): at least four years.
 - d. Briviact oral, intravenous (brivaracetam): at least four years.
 - e. Xcorpi (cenobamate): at least 18 years.
2. Other therapies: contraindicated, inadequate response after four months or significant adverse effects to two formulary anti-epileptic drugs.
- C. Refractory complex partial seizures [must meet both listed below]:
- 1. Age: Sabril (vigabatrin): at least ten years.
 - 2. Other therapies: contraindicated, inadequate response after four months or significant adverse effects to two formulary anti-epileptic drugs.
- II. Primary generalized tonic-clonic seizures [must meet both listed below]:
- A. Age:
- 1. Fycompa (perampanel): at least 12 years.
- B. Other therapies [must meet both listed below]
- 1. Contraindicated, inadequate response after four months or had significant adverse effects with two formulary anti-epileptic drugs.
 - 2. Concomitant use with other anti-epileptic drug(s).
- III. Infantile spasm monotherapy [must meet all listed below]:
- A. Age: Sabril (vigabatrin): one month to two years.
 - B. Prescriber: pediatric neurologist.
 - C. Other therapies: contraindicated, inadequate response after four months or significant adverse effects to two formulary anti-epileptic drugs.
 - D. Potential benefits out-weighs risk of vision loss.
- IV. Lennox-Gastaut syndrome and Dravet syndrome [must meet all listed below]:
- A. Age [must meet one listed below]:
- 1. Epidiolex oral solution (cannabidiol): at least two years.
 - 2. Diacomit capsules, packets (stiripentol): at least one year (only indicated for Dravet syndrome).

3. Fintepla oral solution (fenfluramine): at least two years (only indicated for Dravet syndrome).
4. Onfi tablet and suspension (clobazam) and Sympazan film (clobazam): at least two years (only indicated for Lennox-Gastaut syndrome).

B. Prescriber: neurologist.

C. Other therapies: contraindicated, inadequate response after four months or significant adverse effects to two formulary anti-epileptic drugs.

V. Dosage Regimen (see Appendix I).

VI. Approval.

A. Initial.

1. All except Sabril: six months.

2. Sabril.

- a. Partial onset seizure: three months.

- b. Infantile spasm: two to four weeks.

2. Re-approval: auto authorization off filled claim within 1 month; if authorization required -one year duration.

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 2022.

6.0 Appendices:

See pages 5-8.

7.0 Revision History:

Original Effective Date: 08/26/2010

Next Review Date: 05/26/2023

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

Revision Date	Reason for Revision
	therapies language, updated ages, approved at June P&PT Committee meeting.
9/20	Off cycle review, added drug Fintepla, clarified instructions, added duration of other therapies, approved by P&T Committee 12/9/20
5/21	Annual review, reformatted, replaced abbreviations, added Vimpat for tonic-clonic seizures
04/28/2022	Annual review ; removed Vimpat oral (PA removed) and IV (hospital use); added reapproval by fill history

Appendix I: Dosing of Anticonvulsants

Drug	Initial	Titration	Target/Max	Adjustment
Fycompa perampanel	<u>Adult/Pediatric:</u> <ul style="list-style-type: none"> • 2mg daily • Enzyme-inducing antiepileptic drugs (AED): 4mg daily 	<u>Adult/Pediatric:</u> Raise by 2mg daily every week	<u>Adult/Pediatric:</u> 8-12mg	<ul style="list-style-type: none"> • Reduce dose with serious psychiatric or behavioral reactions • Severe Renal Impairment: (creatinine clearance \leq 30ml/min): not recommended • Hepatic Impairment: mild - 6mg daily; moderate -4mg daily
Potiga ezogabine	<ul style="list-style-type: none"> • 100mg thrice daily • Over 65 years - 50mg 	Raise \leq 50mg thrice daily, at weekly intervals	1,200mg daily Over 65: 750mg daily	<ul style="list-style-type: none"> • Renal Impairment: creatinine clearance $<$50mL or on dialysis: 200mg thrice daily • Hepatic Impairment: Child-Pugh 7-9 250mg thrice daily; Child-Pugh $>$9 200mg thrice daily
Aptiom eslicarbaze-pine	<u>Pediatric:</u> 11-21Kg: 200mg 22-31Kg: 300mg 32-38Kg: 300mg $>$ 38Kg: 400mg <u>Adult:</u> 400mg daily	<u>Pediatric:</u> 11-21kg: raise by 200mg weekly 22-31Kg: raise by 300mg weekly 32-38Kg: raise by 300mg weekly $>$ 38Kg: raise by 400mg weekly <u>Adult:</u> Raise by 400mg weekly	<u>Pediatric:</u> 11-21Kg: 600mg daily 22-31 Kg: 800mg daily 32-38 Kg 900mg daily $>$ 38Kg 1,200mg daily <u>Adult:</u> 1,600mg daily	<ul style="list-style-type: none"> • Renal Impairment: creatinine clearance $<$50mL: 200mg; raise by 200mg to maximum 600mg • Hepatic Impairment : mild to moderate - no adjustment; severe - not recommended
Sabril vigabatrin POS	<ul style="list-style-type: none"> • \leq 60kg: 250mg twice daily • $>$60Kg: 500mg twice daily 	Raise by 500mg weekly to 1.5gms twice daily	<ul style="list-style-type: none"> • \leq60Kg: 2gms daily • $>$60Kg: 3gms daily 	<ul style="list-style-type: none"> • Renal Impairment: mild (creatinine clearance [CrCl]: 50-80ml/min) reduce dose 25%; moderate (CrCl 30-50ml/min) reduce dose 50%; severe (CrCl 10-30ml/min): reduce dose 75% • Hepatic Impairment: no adjustment
Sabril vigabatrin Inf. spasms	150mg/Kg daily	Raise by 25-50mg/Kg daily every 3-4 days	150mg/Kg daily (in 2 doses)	<ul style="list-style-type: none"> • Renal Impairment: mild (creatinine clearance [CrCl]: 50-80ml/min) reduce dose 25%; moderate (CrCl 30-50ml/min) reduce dose 50%; severe (CrCl 10-30ml/min): reduce dose 75% • Hepatic Impairment: no adjustment
Gabitril tigabine	AED: 4mg/day No AED: 2mg daily	Raise 4-8mg weekly divided into 2-4 doses daily	32-56mg daily	<ul style="list-style-type: none"> • Pediatric: maximum 32mg daily • Hepatic Impairment may need to reduce dose

Drug	Initial	Titration	Target/Max	Adjustment
Briviact oral, IV brivaracetam	<u>Pediatric:</u> 11-50Kg 0.5 to 1.25mg/kg twice daily <u>Adult:</u> 50mg twice daily	Titrate up or down depending on response	<u>Pediatric:</u> 2.5mg/Kg twice daily <u>Adult:</u> 50-100mg twice daily	<ul style="list-style-type: none"> • Renal Impairment: end stage - not recommended • Hepatic Impairment: mild to severe - 50-150mg daily
Epidiolex oral solution (cannabidiol)	2.5mg/Kg twice daily	Raise to 5mg/kg twice daily at 1 week.	Max: 10mg/Kg twice daily	<ul style="list-style-type: none"> • Renal Impairment: no adjustment • Hepatic impairment: mod. 1.25- 5mg/kg twice daily
Diacomit oral stripentol	<u>Pediatric/Adult:</u> 50mg/Kg daily in 2-3 doses	NA	<u>Pediatric/Adult:</u> 3gms daily	<ul style="list-style-type: none"> • Renal Impairment: moderate to severe - avoid use • Hepatic Impairment: moderate to severe - avoid use
Onfi/Sympazan oral clobazam	<u>Pediatric/Adult:</u> ≤30Kg: 5mg daily >30Kg: 5mg twice daily	<u>Pediatric/Adult:</u> ≤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	<u>Pediatric/Adult:</u> ≤30Kg: 20mg daily >30Kg: 40mg daily	<ul style="list-style-type: none"> • Hepatic Impairment: mild to 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	<ul style="list-style-type: none"> • Renal Impairment: creatinine clearance <90 - consider reduced dose • Hepatic Impairment: mild to moderate: maximum dose 200mg; severe: avoid use
Fintepla fenfluramine	<u>Pediatric/Adult:</u> 1mg/Kg/dose twice daily	<u>Pediatric/Adult:</u> Week 2 may increase to 0.2mg/kg twice daily	<u>Pediatric/Adult:</u> 13mg/Kg/dose twice daily	<ul style="list-style-type: none"> • Renal Impairment: moderate to severe: not recommended • Hepatic Impairment: use not recommended

Appendix II: Monitoring & Patient Safety

Drug	Adverse Reactions*	Monitoring	REMS
Fycompa oral perampanel	<ul style="list-style-type: none"> 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%) 	<ul style="list-style-type: none"> Central Nervous System: seizure frequency, suicidality ≤ 1 post Miscellaneous: enzyme-inducing AEDs start or DC, weight 	Medication guide
Potiga oral ezogabine	<ul style="list-style-type: none"> Central Nervous System: dizziness (23%), drowsiness (22%), fatigue (15%) 	<ul style="list-style-type: none"> 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 	Medication guide
Aptiom oral Eslicarbazepine	<ul style="list-style-type: none"> Central Nervous System: dizziness (20-28%), drowsiness (16-28%), headache (13-5%) Gastrointestinal: nausea (10-16%), vomiting (6-10%) Ophthalmic: diplopia (9-11%) 	<ul style="list-style-type: none"> Central Nervous System: seizure frequency, depression suicidality Labs: liver function tests, sodium, chloride Ophthalmic: visual changes Hypersensitivity Reactions 	Medication guide
Sabril oral vigabatrin	<ul style="list-style-type: none"> 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: decreased vision field (30%), nystagmus (13-15%), blurred vision (11-13%) Miscellaneous: otitis media (inf. 10-44%), fever (29%), infection (7-51%) 	<ul style="list-style-type: none"> CNS: sedation, suicidality Labs: hemoglobin and hematocrit Ophthalmic: dilated indirect exam pre, 4 weeks during, 3-6 weeks post Miscellaneous: weight gain/edema 	REMS Purpose: Awareness of vision loss
Gabitril oral tiagabine	<ul style="list-style-type: none"> Central Nervous System: dizziness (27-31%), drowsiness (18-21%), nervous (10-14%) Gastrointestinal: nausea (11%) Infection (19%) Musculoskeletal: weak (20%), tremor (9-21%) 	<ul style="list-style-type: none"> Central Nervous System: seizure activity Therapeutic range (tentative): 50-250nmol/L 	Medication guide
Briivact oral, IV brivaracetam	<ul style="list-style-type: none"> 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%) 	<ul style="list-style-type: none"> Central Nervous System: depression, suicidality Labs: CBC with differential, liver/renal function 	Medication guide
Epidiolex oral solution cannabidiol	<ul style="list-style-type: none"> Central Nervous System: drowsy/lethargy/sedation ($\leq 32\%$), 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% 	<ul style="list-style-type: none"> Labs: liver function tests (pre. and 1, 3, 6 months post) 	None

Drug	Adverse Reactions*	Monitoring	REMS
Diacomit oral stripentol	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Labs: CBC (pre, every 6 months post), weight, growth rate in pediatrics 	Medication guide
Onfi and Sympazan oral clobazam	<ul style="list-style-type: none"> • Central Nervous System: drowsiness (16-25%), lethargy (10-15%), drooling (13-14%), aggressive behavior (8-14%), irritability (11%) • Respiratory: upper respiratory infection (13-14%) • Miscellaneous: fever (10-17%) 	<ul style="list-style-type: none"> • Central Nervous System: mental status/suicidality • Dermatological: serious skin reaction • Respiratory: status 	None needed
Xcorpi cenobamate	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Labs: liver function tests, potassium • Hypersensitivity: drug reaction with eosinophilia and systemic symptoms • Psychological: suicidal ideation 	
Fintepla fenfluramine	<ul style="list-style-type: none"> • Cardiovascular: aortic/mitral valve insufficiency (23%), increased blood pressure (8-13%) • Endocrine/Metabolism: weight loss (5-13%) • Gastrointestinal: decreased appetite (23-38%), diarrhea (15-31%), sialorhea (13%) • Central Nervous System: drooling (13%), drowsiness (26% fatigue (15%), lethargy (26%), malaise (15%), sedated state (26%) • Neuromuscular & Skeletal: asthenia (15%) • Respiratory: upper respiratory tract infection (5% to 21%) • Miscellaneous: fever (5%-15%) 	<ul style="list-style-type: none"> • Cardiovascular: echocardiogram (prior, every 6 months, 3 months after), blood pressure (prior, then regularly) • Endocrine/Metabolism: weight (prior, then regularly, growth in pediatrics (regularly) 	Med guide