



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

TOPIRAMATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TOPIRAMATE	EPRONTIA		51457	GPI-14 (72600075002020)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of partial-onset or primary generalized tonic-clonic seizures and meet **ALL** of the following criteria?
  - Eprontia will be used as initial monotherapy OR adjunctive therapy
  - Therapy is prescribed by or in consultation with a neurologist
  - The patient is unable to take oral tablets or capsules
  - The patient meets ONE of the following:
    - The patient is 2 to 5 years of age AND had a trial of or contraindication to ONE preferred agent: generic topiramate tablet/sprinkle, topiramate ER sprinkle
    - The patient is 6 years of age or older AND had a trial of or contraindication to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, topiramate ER sprinkle

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #16mL per day.**  
If no, continue to #2.

2. Does the patient have a diagnosis of seizures associated with Lennox-Gastaut syndrome and meet **ALL** of the following criteria?
  - Eprontia will be used as adjunctive therapy
  - Therapy is prescribed by or in consultation with a neurologist
  - The patient is unable to take oral tablets or capsules
  - The patient meets ONE of the following:
    - The patient is 2 to 5 years of age AND had a trial of or contraindication to ONE preferred agent: generic topiramate tablet/sprinkle, topiramate ER sprinkle
    - The patient is 6 years of age or older AND had a trial of or contraindication to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, topiramate ER sprinkle

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #16mL per day.**  
If no, continue to #3.

3. Does the patient have a diagnosis of migraine and meet **ALL** of the following criteria?
  - The patient is 12 years of age or older
  - Eprontia will be used as preventative treatment of migraines
  - The patient is unable to take oral tablets or capsules
  - The patient had a trial of or contraindication to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, topiramate ER sprinkle

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #4mL per day.**  
If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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TOPIRAMATE

GUIDELINES FOR USE (CONTINUED)

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TOPIRAMATE (Eprontia)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
  - 1. Partial-onset seizures (a type of seizure)
  - 2. Primary generalized tonic-clonic seizures (a type of seizure)
  - 3. Seizures associated with Lennox-Gastaut syndrome (a type of seizure disorder in young children)
  - 4. Migraine
- B. You are unable to take oral tablets or capsules
- C. **If you have partial-onset seizures or primary generalized tonic-clonic seizures, approval also requires:**
  - 1. Eprontia will be used as initial monotherapy OR adjunctive therapy (drugs taken together with)
  - 2. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
  - 3. You meet ONE of the following:
    - a. You are 2 to 5 years of age AND had a trial of or contraindication (harmful for) to ONE preferred agent: generic topiramate tablet/sprinkle, topiramate ER sprinkle
    - b. You are 6 years of age or older AND had a trial of or contraindication (harmful for) to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, topiramate ER sprinkle
- D. **If you have seizures associated with Lennox-Gastaut syndrome, approval also requires:**
  - 1. Eprontia will be used as adjunctive therapy (drugs taken together with)
  - 2. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
  - 3. You meet ONE of the following:
    - a. You are 2 to 5 years of age AND had a trial of or contraindication (harmful for) to ONE preferred agent: generic topiramate tablet/sprinkle, topiramate ER sprinkle
    - b. You are 6 years of age or older AND had a trial of or contraindication (harmful for) to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, or topiramate ER sprinkle
- E. **If you have migraines, approval also requires:**
  - 1. You are 12 years of age or older
  - 2. Eprontia will be used as preventative treatment of migraines
  - 3. You had a trial of or contraindication (harmful for) to ONE preferred agent: Trokendi XR, generic topiramate tablet/sprinkle, topiramate ER sprinkle

***(Denial text continued on next page)***

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**GUIDELINES FOR USE (CONTINUED)**

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Eprontia.

**REFERENCES**

- Eprontia [Prescribing Information]. Wilmington, MA: Azurity Pharmaceuticals, Inc.; November 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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