



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LEVETIRACETAM

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LEVETIRACETAM	SPRITAM		36266 31202 36046 36265	GPI-14 (7260004300G850 7260004300G820 7260004300G830 7260004300G840)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of partial-onset seizures and meet **ALL** of the following criteria?
 - The patient is 4 years of age or older
 - The patient is unable to swallow levetiracetam tablets
 - The patient had a trial of levetiracetam oral solution

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **250mg: #4 per day.**
- **500mg: #4 per day.**
- **750mg: #4 per day.**
- **1000mg: #2 per day.**

If no, continue to #2.

2. Does the patient have a diagnosis of myoclonic seizures in juvenile myoclonic epilepsy and meet **ALL** of the following criteria?
 - The patient is 12 years of age or older
 - Spritam will be used as adjunctive therapy
 - The patient is unable to swallow levetiracetam tablets
 - The patient had a trial of levetiracetam oral solution

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **250mg: #4 per day**
- **500mg: #4 per day**
- **750mg: #4 per day**
- **1000mg: #2 per day**

If no, continue to #3.

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GUIDELINES FOR USE (CONTINUED)

3. Does the patient have a diagnosis of primary generalized tonic-clonic seizures and meet **ALL** of the following criteria?

- The patient is 6 years of age or older
- Spritam will be used as adjunctive therapy
- The patient is unable to swallow levetiracetam tablets
- The patient had a trial of levetiracetam oral solution

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **250mg: #4 per day.**
- **500mg: #4 per day.**
- **750mg: #4 per day.**
- **1000mg: #2 per day.**

If no, do not approve.

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 **LEVETIRACETAM (Spritam)** requires the following rules be met for approval:

- A. You have **ONE** of the following diagnoses:
1. Partial-onset seizures (type of seizure)
 2. Myoclonic seizures in juvenile myoclonic epilepsy (type of seizure in childhood)
 3. Primary generalized tonic-clonic seizures (type of seizure)
- B. **If you have partial-onset seizures, approval also requires:**
1. You are 4 years of age or older
 2. You are unable to swallow levetiracetam tablets
 3. You had a trial of levetiracetam oral solution
- C. **If you have myoclonic seizures in juvenile myoclonic epilepsy, approval also requires:**
1. You are 12 years of age or older
 2. Spritam will be used as adjunctive (add-on) therapy
 3. You are unable to swallow levetiracetam tablets
 4. You had a trial of levetiracetam oral solution
- D. **If you have primary generalized tonic-clonic seizures, approval also requires:**
1. You are 6 years of age or older
 2. Spritam will be used as adjunctive (add-on) therapy
 3. You are unable to swallow levetiracetam tablets
 4. You had a trial of levetiracetam oral solution

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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.

RATIONALE

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

REFERENCES

- Spritam [Prescribing Information]. Blue Ash, OH: Aprexia Pharmaceuticals LLC; January 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/23

Created: 11/22

Client Approval: 02/23

P&T Approval: 10/22