Anticonvulsants

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	**DS** – Maximum Days' Supply Allowed	**PU** – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DT** – Duration of Therapy Limit	**QL** – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirement	**RX** – Specific Prescription Requirement
CL – Additional Clinical Information is Required	**ER** – Early Refill	**TD** – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	**MD** – Maximum Dose Limit	**YQ** – Yearly Quantity Limit
DD – Drug-Drug Interaction	**MME** – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits
AL – — Fycompa® (perampanel) is limited to use in recipients who are at least 4 years old. *The age limit may be overridden at the pharmacy POS after the dispensing pharmacist consults with the prescriber to verify necessity of prescribing perampanel for a child younger than 4 years of age.* • • Sezaby® (phenobarbital sodium) is limited to use in recipients who are younger than 1 year old.
BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for carbamazepine (Equetro®) and clonazepam when requested for a behavioral health diagnosis for recipients who are younger than 7 years of age.
BY – Bypass diagnosis codes can be found at THIS LINK. - Pharmacy claims for selected anxiolytics, when submitted with a seizure-related diagnosis code will bypass the behavioral-health clinical authorization requirement, the restriction on concurrent use with opioids, and quantity limits. - Pharmacy claims for selected anxiolytics, when submitted with a cancer or palliative care diagnosis will bypass the restriction on concurrent use with opioids.
CU – Benzodiazepines are monitored at POS for concurrent use with opioids and buprenorphine-containing products. - Concurrent pharmacy claims for benzodiazepines and buprenorphine will deny. - Incoming benzodiazepine pharmacy claims will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid.
DX – Pharmacy claims for ganaxolone (Ztalmy®) or phenobarbital sodium (Sezaby®) must be submitted with an appropriate diagnosis code found at THIS LINK.

MD – Selected agents have a maximum daily dose as listed in the chart to the right.	**Generic (Brand Example)**	**Maximum Daily Dose**
	Clobazam (Onfi®, Sympazan®)	40mg per day
	Eslicarbazepine (Aptiom®)	1600mg per day

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POS Edits

PU –
 For Epidiolex®, the pharmacy POS system verifies that there has been a paid claim in the previous 365 days for **ONE** of the following:
    - **AT LEAST TWO** different anticonvulsant medications in the following list [brand/generic or preferred/non-preferred]:
       o Clobazam
       o Felbamate
       o Lamotrigine
       o Levetiracetam
       o Rufinamide
       o Topiramate
       o Valproate derivatives; **OR**
    - Epidiolex®
 	
 For Ztalmy®, the pharmacy POS system verifies that there has been a paid claim in the previous 365 days for **ONE** of the following:
    - **AT LEAST TWO** different anticonvulsant medications (preferred or non-preferred); **OR**
    - Ztalmy®

QL – Selected agents have quantity limits as listed in the chart to the right.	Quantity Limits	
	Generic (Brand Example)	**Quantity Limit**
	Clonazepam (Klonopin®)	90 units per 30 days
	Midazolam (Nayzilam®)	5 boxes (10 doses) per 30 days

TD – Clonazepam is monitored at the pharmacy POS for duplication of therapy with other benzodiazepines, with oxybate (Xyrem®), and with oxybate salts (Xywav™).

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Revision / Date	Implementation Date
Created POS Document	November 2020
Added previous-use requirement for Epidiolex® / December 2020	April 2021
Added maximum daily dose for Onfi® and Aptiom®, added quantity limit for Nayzilam®, formatting changes / January 2022	July 2022
Formatting changes / August 2023	October 2023
Added BY on select anxiolytics with diagnosis of cancer or palliative care / August 2024	October 2024
Added Ztalmy® / November 2024	January 2025
Added Sezaby® / November 2024	March 2025