Louisiana Medicaid
Anticonvulsants

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- Clinical authorization for carbamazepine (Equetro®) or clonazepam for recipients younger than 7 years of age when requested for a behavioral health diagnosis; **OR**
- Prior authorization for non-preferred anticonvulsants.

When a pharmacy claim for carbamazepine (Equetro®) or clonazepam for a child under 7 years of age is submitted with a diagnosis code for seizures, the claim will bypass the behavioral health clinical authorization requirement.

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests for Carbamazepine (Equetro®) and Clonazepam When Requested for Behavioral Health for Recipients Younger Than 7 Years of Age:

- **ONE** of the following is true and is **stated on the request**:
    - The recipient has been treated in the past or is *currently receiving treatment with the requested medication with a positive response to treatment without evidence of adverse effects*, and this information is stated on the request; **OR**
    - The recipient has not previously used this medication; however, the prescriber is citing references supporting the use of the medication for the recipient's age and diagnosis (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested medication for the indication); **OR**
    - **ALL** medication options that are appropriate for both the age and diagnosis of this recipient:
        - have been tried, resulting in **EITHER** *treatment failure* **OR** *intolerable side effects;* **OR**
        - have not been tried because of a *documented contraindication to the remaining medication options that are appropriate for the age and condition being treated;* **AND**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- For a non-preferred agent, previous use of a preferred product – **ONE** of the following is required:
    - The recipient has had *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has a *documented contraindication(s)* to all of the preferred products that are appropriate for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
    - The recipient is established on the medication with positive clinical outcomes; **AND**
- By submitting the authorization request, the prescriber attests to the following:

- The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
- All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
- If the requested medication is being added to any other behavioral health medication, the recipient has been adherent to the established medication therapy without adequate resolution of symptoms; **AND**
- The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 12 months (or up to the child's 7th birthday, whichever is less)

Approval Criteria for Initial and Reauthorization Requests for Non-Preferred Anticonvulsants

- For requests to authorize non-preferred narrow therapeutic index (NTI) drugs such as carbamazepine, ethosuxamide, phenytoin, valproic acid, when it is determined (through claims review or statement on the request) that the recipient is currently established on a non-preferred formulation, then the request shall be approved; **OR**
- For initiation of therapy, for divalproex sodium sprinkle (generic for Depakote® Sprinkle) – there has been a treatment failure or intolerable side effect with or contraindication to brand Depakote® Sprinkle; **OR**
- For initiation of therapy, for carbamazepine ER capsule (generic for Carbatrol®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Carbatrol®; **OR**
- For felbamate tablet (generic for Felbatol®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Felbatol®; **OR**
- For initiation of therapy, for carbamazepine XR tablet (generic for Tegretol® XR) – there has been a treatment failure or intolerable side effect with or contraindication to brand Tegretol XR®; **OR**
- For vigabatrin powder pack (generic for Sabril®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Sabril®; **OR**
- For oxcarbazepine suspension (generic for Trileptal®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Trileptal®; **OR**
- For authorized generic diazepam rectal (authorized generic for Diastat®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Diastat®; **OR**
- For authorized generic diazepam rectal device (authorized generic for Diastat® AcuDial™) – there has been a treatment failure or intolerable side effect with or contraindication to brand Diastat® AcuDial™; **OR**
- For rufinamide tablet (generic for Banzel® tablet) – there has been a treatment failure or intolerable side effect with or contraindication to brand Branzel® tablet; **OR**
- For rufinamide suspension (generic for Banzel® suspension) – there has been a treatment failure or intolerable side effect with or contraindication to brand Branzel® suspension; **OR**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**

- Previous use of a preferred product - **ONE** of the following is required:
  - The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The prescriber states that the recipient is currently using the requested medication; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 12 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; Retrieved from https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; Retrieved from https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Revision / Date	Implementation Date
Policy created / November 2020	January 2021
Added NTI wording, updated references / April 2021	July 2021
Added specific wording for use of Diastat® and Banzel® / October 2021	January 2022