

**Anticonvulsants**  
**Oxtellar XR (oxcarbazepine extended release)**  
**Trokendi XR (topiramate extended release)**  
**Eprontia (topiramate)**  
**Effective 06/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled at least TWO first-line medications or a second-line medication within the past 180 days.

**Coverage Guidelines**

FIRST-LINE	SECOND-LINE
clobazam (tablet and suspension) clonazepam (tablet) diazepam (rectal gel, tablet) felbamate (tablet and suspension) tiagabine (tablet) vigabatrin (tablet and powder pack) phenytoin (chew tablet, suspension) phenytoin Sodium (extended capsule, injection)	Oxtellar XR Trokendi XR Eprontia

FIRST-LINE	SECOND-LINE
<p>ethosuximide (capsule, solution)            divalproex Sodium (delayed release capsule sprinkle, delayed release tablet, sustained release 24-hour tablet)            valproate Sodium (injection)            valproic Acid (capsule)            carbamazepine (tablet, chewable tablet, suspension, sustained release 12-hour capsule, sustained release 12-hour tablet)            gabapentin (capsule, tablet, oral solution)            lamotrigine (tablet, chewable tablet dispersible, orally disintegrating tablet, sustained release 24-hour tablet)            levetiracetam (tablet, oral solution, sustained release 24-hour tablet)            oxcarbazepine (tablet, suspension)            pregabalin (capsule, solution)            primidone (tablet)            topiramate (tablet, sprinkle capsule, extended release 24-hour sprinkle capsule)            zonisamide (capsule)            fosphenytoin Sodium (injection)</p>	

**Limitations**

1. Approvals will be granted for 36 months.

**References**

1. Oxtellar XR (oxcarbazepine) [prescribing information]. Rockville, MD: Supernus Pharmaceuticals Inc; December 2018.
2. Trokendi XR (topiramate) extended-release capsules [prescribing information]. Rockville, MD: Supernus Pharmaceuticals; February 2020.
3. Eprontia (topiramate) [prescribing information]. Wilmington, MA: Azurity Pharmaceuticals; November 2021.

**Review History**

11/18/2020—Updated to step therapy criteria, made all generics first line and Oxtellar XR & Trokendi XR second line; removed PA criteria for Oxtellar

05/18/2022 – Updated and Reviewed for May P&T; added new drug Eprontia as second line agent. References updated. Effective 06/01/22.

