

**Topiramate Extended-Release
Effective 12/1/2019**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Topiramate is an anticonvulsant which is FDA indicated for initial monotherapy or adjunctive therapy for partial onset or primary generalized tonic-clonic seizures and adjunctive therapy in patients with seizures associated with Lennox-Gastaut Syndrome and for prophylaxis of migraines in patients 12 years of age and older. Topiramate is available as immediate-release tablets, extended-release oral capsules (Trokendi XR) and extended-release oral sprinkle capsules (Qudexy).

Coverage Guidelines

For Epilepsy or Seizure Disorders

Authorization may be granted for members who are currently receiving treatment with a topiramate extended-release formulation for epilepsy or a seizure disorder excluding when the product is obtained as samples or via manufacturer’s patient assistance program

OR

Authorization may be granted for members who meet all the following criteria and documentation has been submitted:

- The member has a diagnosis of epilepsy or a seizure disorder
- The member is ≥ 2 years of age
- The member has failed previous medication trials with at least 2 anticonvulsants, one of which was generic immediate-release topiramate tablets
- The provider has submitted the medical necessity for extended-release formulations in place of topiramate immediate-release tablets



Prophylactic Treatment of Migraines

Authorization may be granted for members who are currently receiving treatment with topiramate extended-release formulations for the prophylactic treatment of migraines excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorization may be granted for members who meet all the following criteria and documentation has been submitted:

- The member is ≥ 12 years of age
- The prescriber is a neurologist or consult notes from a neurology office are provided
- The member has had an inadequate response or adverse reaction to topiramate tablets
- The member has had an inadequate response or adverse reaction to one of the following or contraindication to all the following prophylactic treatments:
 - beta-blocker
 - calcium channel blocker
 - divalproex or valproic acid
 - tricyclic antidepressant
- The provider has submitted the medical necessity for the extended-release formulations in place of topiramate immediate-release tablets

Limitations

1. Approvals will be granted for 36 months

References

1. Topamax (topiramate) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals Inc; December 2018.
2. Trokendi XR (topiramate) extended-release capsules [prescribing information]. Rockville, MD: Supernus Pharmaceuticals; February 2020
3. Qudexy XR (topiramate) extended-release capsules [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; February 2019
4. Linde M, Mulleners WM, Chronicle EP, McCrory DC. Topiramate for the prophylaxis of episodic migraine in adults. *Cochrane Database Syst Rev.* 2013;(6):CD010610.[PubMed 23797676]10.1002/14651858.CD010610
5. Schachter SC. Overview of the management of epilepsy in adults. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com>. Accessed February 26, 2019.
6. Kim SJ, Kim MY, Choi YM, Song MK. Effects of topiramate on language functions in newly diagnosed pediatric epileptic patients. *Pediatr Neurol* 2014; 51:324

Review History

09/19/16 – Reviewed

09/18/17 – Reviewed

09/24/18 – Reviewed

09/18/19 – Changed from ST to PA including all topiramate ER formulations and combined indications of seizure disorder and migraines into one document

09/16/20 – Reviewed at P&T



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