

Generic Name: Perampanel**Therapeutic Class or Brand Name:** Fycompa[®]**Applicable Drugs (if Therapeutic Class):** N/A**GPI Code:** 7255006000**Preferred:** N/A**Non-preferred:** N/A**Date of Origin:** 7/29/2020**Date Last Reviewed / Revised:** N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when all of the following criteria are met)

- I. Documented diagnosis of one of the following conditions and must meet ALL criteria listed under the applicable diagnosis:
 - A. Partial-onset seizure.
 - B. Primary generalized tonic-clonic seizures.
 1. Patient is receiving at least one other antiepileptic medication.
- II. Minimum age requirement:
 - A. Partial-onset seizure: 4 years old.
 - B. Primary generalized tonic-clonic seizure: 12 years old.
- III. Failure of 2 preferred alternatives (see Appendix A for examples) unless contraindicated or experienced clinically significant adverse effects.
- IV. Prescribed by or in consultation with a neurologist.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- [US Boxed Warning]: Dose-related serious or life-threatening neuropsychiatric events (including aggression, anger, homicidal ideation and threats, hostility, and irritability) have been reported most often occurring in first 6 weeks of therapy in patients with or without prior psychiatric history, prior aggressive behavior, or concomitant use of medications associated with hostility and aggression; monitor patients closely especially during dosage adjustments and when receiving higher doses.
- Adjust dose or immediately discontinue use if severe or worsening symptoms occur.
- Permanently discontinue for persistent severe or worsening psychiatric symptoms or behaviors.
- Concurrent use with alcohol has been associated with significantly worsened mood and increased anger; patients should avoid the use of alcohol during therapy.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets: Up to 30 tablets per 30 days.
- 0.5 mg/mL oral solution: Up to 30 day supply.
 - Maximum dose: 12 mg/day.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Appendix A: Therapeutic Alternatives	
Anticonvulsants for partial seizures	carbamazepine (Tegretol®), felbamate (Felbatol®), gabapentin (Neurontin®), lamotrigine (Lamictal®), levetiracetam (Keppra®), oxcarbazepine (Trileptal®), phenytoin (Dilantin®), phenobarbital, tiagabine (Gabitril®), topiramate (Topamax®), valproic acid (Depakene®), divalproex sodium (Depakote®), zonisamide (Zonegran®)
Anticonvulsants for tonic-clonic seizures	carbamazepine (Tegretol®), lamotrigine (Lamictal®), levetiracetam (Keppra®), phenytoin (Dilantin®), phenobarbital, primidone (Mysoline®), topiramate (Topamax®), valproic acid (Depakene®), divalproex sodium (Depakote®)

REFERENCES

1. Fycompa® (Perampanel) [package insert]. Woodcliff Lake, NJ: Eisai Inc.; May 2019. Available at: https://www.fycompa.com/-/media/Files/Fycompa/Fycompa_Prescribing_Information.pdf.
2. Kanner AM, Ashman E, Gloss D, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. Neurology. 2018;91(2):74-81.
3. Medispan.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.