

The drug, Peganone (ethotoin), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by or in consultation with a neurologist
- Must have a diagnosis of tonic-clonic (grand mal) or complex partial (psychomotor) seizures
- For tonic-clonic (grand mal) seizure:
 - Must have an inadequate response or intolerance to at least 2 generic antiepileptic medications, such as lamotrigine, topiramate, carbamazepine, phenytoin, primidone
- For complex partial (psychomotor) seizure:
 - Must have an inadequate response or intolerance to at least 2 generic antiepileptic medications, such as lamotrigine, topiramate, carbamazepine, phenytoin, primidone
- Must not have hepatic abnormalities or hematologic disorders
- Must have completed a baseline urinalysis and complete blood count (CBC)

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon the following:

- Chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy
- Documentation to show continued monitoring of urinalysis, CBC, and liver function tests (if warranted)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 3 months
Reauthorization	Up to 1 year



If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Peganone [prescribing information]. Deerfield, IL: Lundbeck Inc.; June 2010.
2. Fauci AS, Kasper DL, Longo DL, eds. *Harrison's Principles of Internal Medicine*, 17th ed. New York: McGraw-Hill; 2008; 2498-2512.
3. Tegretol [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; January 2014
4. Dilantin [prescribing information]. New York, NY: Park-Davis, Inc.; August 2014.
5. Depakene [prescribing information]. North Chicago, IL; AbbVie Inc.; November 2014.
6. Depakote [prescribing information]. North Chicago, IL; AbbVie Inc.; November 2014.
7. Mysoline [prescribing information]. Alsio Viejo, CA: Valeant Pharmaceuticals; March 2009.
8. Keppra [prescribing information]. Smyrna, GA: UCB, Inc; 2009.
9. Lamictal [package insert]. Resarch Triangle Park, NC: GlaxoSmithKline;2014.
10. Topamax [package insert]. Titusville, NJ: Janssen Ortho, LLC; 2014.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

