

Topiramate

Goal(s):

- Approve topiramate only for funded diagnoses which are supported by the medical literature (e.g. epilepsy and migraine prophylaxis).

Length of Authorization:

- 90 days to lifetime

Requires PA:

- Non-preferred topiramate products

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Does the patient have diagnosis of epilepsy?	Yes: Approve for lifetime.	No: Go to #3
3. Does the patient have a diagnosis of migraine?	Yes: Approve for 90 days with subsequent approvals dependent on documented positive response for lifetime.	No: Go to #4
4. Does the patient have a diagnosis of bipolar affective disorder or schizoaffective disorder?	Yes: Go to #5	No: Go to #6
5. Has the patient tried or are they contraindicated to at least two of the following drugs? <ul style="list-style-type: none"> • Lithium • Valproate and derivatives • Lamotrigine • Carbamazepine • Atypical antipsychotic Document drugs tried or contraindications.	Yes: Approve for 90 days with subsequent approvals dependent on documented positive response for lifetime approval.	No: Pass to RPh; Deny; medical appropriateness. Recommend trial of 2 covered alternatives.

Approval Criteria

<p>6. Is the patient using the medication for weight loss? (Obesity ICD10 E669; E6601)?</p>	<p>Yes: Current age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP AND weight loss drugs excluded by state plan.</p> <p>Current age < 21 years: Go to #7</p>	<p>No: Pass to RPh. Go to #9</p>
<p>7. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?</p>	<p>Yes: Go to #8</p>	<p>No: Pass to RPh. Deny; medical necessity.</p>
<p>8. Has the patient failed to have benefit with, or have contraindications or intolerance to, preferred topiramate products?</p> <p>Message: Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.</p>	<p>Yes: Approve for 90 days with subsequent approvals up to 12 months dependent on documented positive response</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p> <p>Inform prescriber of covered alternatives in class and process appropriate PA.</p>
<p>9. All other indications need to be evaluated for appropriateness:</p> <ul style="list-style-type: none"> • Neuropathic pain • Post-Traumatic Stress Disorder (PTSD) • Substance abuse 	<p>Use is off-label: Deny; medical appropriateness. Other treatments should be tried as appropriate.</p> <p>If clinically warranted: Deny; medical appropriateness. Use clinical judgment to approve for 1 month to allow time for appeal. MESSAGE: "Although the request has been denied for long-term use because it is considered medically inappropriate, it has also been APPROVED for one month to allow time for appeal."</p>	

P&T Review:

10/22 (SF); 10/21 (DM); 10/20; 6/20; 5/19; 1/19; 7/18; 3/18; 3/17; 7/16; 3/15; 2/12; 9/07; 11/07

Implementation:

4/18/15; 5/12, 1/12