

STEP THERAPY POLICY

- POLICY:** Antiseizure Medications – Topiramate Step Therapy Policy
- Eprontia[®] (topiramate oral solution – Azurity)
 - Qudexy[®] XR (topiramate extended-release capsules – Upsher-Smith, generic, including an authorized generic)
 - Topamax[®] (topiramate tablets and sprinkle capsules – Ortho-McNeil, generic)
 - Trokendi XR[®] (topiramate extended-release capsules – Supernus, generic)

REVIEW DATE: 12/06/2023

OVERVIEW

Topiramate and topiramate extended-release (XR) are indicated for the following uses:^{1,3}

- Initial monotherapy for the treatment of **partial onset or primary generalized tonic-clonic seizures** in patients ≥ 2 years of age.
- Adjunctive therapy for the treatment of **partial onset seizures, primary generalized tonic-clonic seizures, and seizures associated with Lennox-Gastaut Syndrome** in patients ≥ 2 years of age.
- Preventive treatment of **migraine headache** in patients ≥ 12 years of age.

Trokendi XR (brand and generic) is indicated for the following uses:²

- Initial monotherapy for the treatment of **partial onset or primary generalized tonic-clonic seizures** in patients ≥ 6 years of age.
- Adjunctive therapy for the treatment of **partial onset seizures, primary generalized tonic-clonic seizures, and seizures associated with Lennox-Gastaut syndrome** in patients ≥ 6 years of age.
- Prophylaxis of **migraine headache** in patients ≥ 12 years of age.

Eprontia is indicated for the following uses:⁴

- Initial monotherapy for the treatment of **partial onset or primary generalized tonic-clonic seizures** in patients ≥ 2 years of age.
- Adjunctive therapy for the treatment of **partial onset seizures, primary generalized tonic-clonic seizures, and seizures associated with Lennox-Gastaut Syndrome** in patients ≥ 2 years of age.

Topiramate sprinkle capsules may be swallowed whole or may be administered by sprinkling the entire contents of a capsule on a small amount (teaspoon) of soft food.¹

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic topiramate tablets, generic topiramate sprinkle capsules

Step 2: Eprontia, Qudexy XR (brand and generic), Topamax tablets, Topamax Sprinkle Capsules, Trokendi XR (brand and generic), Topiramate ER capsules (branded product)

12/06/2023

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CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. No other exceptions are recommended.

REFERENCES

1. Topamax[®] tablets, sprinkle capsules [prescribing information]. Titusville, NJ: Janssen; May 2023.
2. Trokendi XR[®] extended-release capsules [prescribing information]. Rockville, MD: Supernus; October 2022.
3. Qudexy[®] XR extended-release capsules [prescribing information]. Maple Grove, MN: Upsher-Smith; December 2022.
4. Eprontia[®] oral solution [prescribing information]. Woburn, MA: Azurity; May 2023.