

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Epilepsy / epileptic seizures
 - a. 2 years of age or older
2. Migraine headache
 - a. 12 years of age or older
 - b. Used for prophylaxis
 - c. Inadequate response, intolerance, or contraindication to alternate treatments

AND ALL of the following:

1. The patient must have tried and failed and/or have an intolerance to an existing commercially available oral products
2. All of the active ingredients in the oral formulation are prescription (RX) only products and are FDA approved for epilepsy or migraine headache
3. The final product will not exceed the FDA approved limits of 200mg per dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Epilepsy / epileptic seizures
 - a. 2 years of age or older
2. Migraine headache
 - a. 12 years of age or older



**BlueCross.
BlueShield.**

Federal Employee Program.

TOPIRAMATE POWDER

b. Used for prophylaxis

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1. The patient must have tried and failed and/or have an intolerance to an existing commercially available oral products
2. All of the active ingredients in the oral formulation are prescription (RX) only products and are FDA approved for epilepsy or migraine headache
3. The final product will not exceed the FDA approved limits of 200mg per dose

Prior - Approval *Renewal* Limits

Same as above