

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input type="checkbox"/>
Standard Control – Choice (SCCF)	<input type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input checked="" type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

# Exceptions Criteria

## Seizure Disorder

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Value Formulary (VF) and Value Formulary Chart (VFC).

## Plan Design Summary

This program applies to the seizure disorder products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

## Table. Seizure Disorder Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	<ul style="list-style-type: none"> <li>• clobazam</li> <li>• clonazepam</li> <li>• felbamate</li> <li>• lamotrigine</li> <li>• topiramate</li> </ul>
Target	<ul style="list-style-type: none"> <li>• Epidiolex (cannabidiol)</li> <li>• Fintepla (fenfluramine)</li> </ul>

## Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

### Epidiolex

Coverage for Epidiolex is provided when any of the following criteria is met:

- Member is currently receiving treatment with Epidiolex, excluding when Epidiolex is obtained as samples or via manufacturer's patient assistance programs.
- Member is less than 2 years of age and has experienced a documented inadequate response or intolerable adverse event with clonazepam.
- Epidiolex is being prescribed for the treatment of seizures associated with Dravet syndrome or tuberous sclerosis complex.
- Member has a documented inadequate response or intolerable adverse event with at least three of the preferred products.

### Fintepla

Coverage for Fintepla is provided when any of the following criteria is met:

- Member is currently receiving treatment with the Fintepla, excluding when Fintepla is obtained as samples or via manufacturer's patient assistance programs.
- Fintepla is being prescribed for the treatment of seizures associated with Dravet syndrome.
- Member has a documented inadequate response or intolerable adverse event with at least three of the preferred products.

## References

1. Clobazam [package insert]. Piscataway, NJ: Camber Pharmaceuticals, Inc.; February 2023.
2. Clonazepam [package insert]. Raleigh, NC: Accord Healthcare, Inc.; October 2023.
3. Epidiolex [package insert]. Palo Alto, CA: Jazz Pharmaceuticals; March 2024.
4. Felbamate [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; December 2023.

Reference number(s)
5878-D

5. Fintepla [package insert]. Smyrna, GA: UCB, Inc.; December 2023.
6. Lamotrigine [package insert]. Naperville, IL: OWP Pharmaceuticals, Inc.; February 2023.
7. Topiramate [package insert]. Parsippany, NJ: Ascend Laboratories, LLC.; June 2023.