

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Topiramate solution (Eprontia)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **topiramate solution (Eprontia)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of epilepsy or migraine
- Patient has failed an adequate trial of topiramate immediate release tablets, **AND** topiramate sprinkle capsules  
**OR**
- Patient is not able to swallow tablets and capsules

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **topiramate solution (Eprontia)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of epilepsy or migraine
- Patient has failed an adequate trial of topiramate IR tablets, **AND** topiramate sprinkle capsules  
**OR**
- Patient is not able to swallow tablets and capsules