

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Topiramate ER (generic Qudexy XR)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria, and 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 ER (generic Qudexy XR) 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
- If treating migraine, documented past medication trials as outlined below:
 - Patient has failed an adequate trial of or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or valproate **AND**
 - Patient has failed an adequate trial of or patient has an allergy or intolerance to fremanezumab-vgrm (Ajovy)
- If treating epilepsy, documented past medication trials of levetiracetam **AND** lamotrigine, **AND** zonisamide

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

- Patient previously met criteria and is stable on the medication