

# Levetiracetam XR Drug Use Criteria

Created: September 2015 Revised: April 2019

Includes:

**Keppra XR**<sup>©</sup> Levetiracetam XR

\*Please note generic Levetiracetam immediate release tablets are available on the Advanced Health formulary without a prior authorization.

# **GUIDELINE FOR USE:**

## **Initial Request:**

- 1. Is the patient being treated for epilepsy or a seizure disorder?
  - a. If yes, go to 2
  - b. If no, deny as criteria not met. The use of this medication is reserved for members with FDA approved indications of epilepsy or seizure disorder. Off-label use of medication is not a covered benefit on OHP.
- 2. Does the patient have any contraindications to levetiracetam therapy?
  - a. If yes, deny as not meeting criteria. Off-label use of medication is not a covered benefit on OHP.
  - b. If no, go to 3
- 3. Is the dose prescribed consistent with the FDA approved prescribing information?
  - a. If yes, go to 4
  - b. If no, deny as not meeting criteria. Off-label use of medication is not a covered benefit on OHP.
- 4. Has the patient failed an adequate trial of immediate-release levetiracetam?
  - a. If yes, approve for requested duration of therapy up to 1 year.
  - b. If no, deny as not meeting criteria. A trial of immediate-release levetiracetam is recommended prior to the use of levetiracetam XR.

## **Renewal Request:**

- 1. Is the patient stable on the prescribed regimen and are they filling medication consistently?
  - a. If yes, approve for requested duration of therapy up to 1 year as continued therapy.
  - b. If no, approve for one month and coordinate with provider regarding therapy change or adherence strategies to optimize patient outcome.



### **Rationale:**

To ensure use consistent with FDA approved package insert and trial of least costly alternative agent.

## **FDA Approved Indication:**

Adjunctive therapy in the treatment of partial onset seizure in patients 12 years of age and older with epilepsy.

### **Mechanism of Action:**

The precise mechanism of action by which levetiracetam exerts its antiepileptic effect is unknown.

## Dosing:

Initial treatment with a dose of 1000mg once daily. Increase by 1000mg every 2 weeks to a maximum recommended dose of 3000mg once daily.

### **Contraindications:**

• Known hypersensitivity to levetiracetam

### **References:**

1. Keppra XR<sup>©</sup> Package insert. Revised date April 2017.