Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Antiseizure Agents

Clinical Criteria Information included in this Document

Diacomit (Stiripentol)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Epidiolex (Cannabidiol)

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Fintepla (Fenfluramine)

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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCNs for gabapentin (23239, 23242, 23243), rasagiline (27081, 24654), and topiramate (36229, 36232, 36235, 36233, 36234) to the supporting tables section

Update references

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Diacomit (Stiripentol)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
DIACOMIT 250 MG CAPSULE	99500
DIACOMIT 500 MG CAPSULE	99501
DIACOMIT 250 MG POWDER PACKET	99502
DIACOMIT 500 MG POWDER PACKET	99503

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Diacomit (Stiripentol)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 6 months of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client weigh at least 7 kg? [Manual]

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have a current claim for clobazam?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client have a diagnosis of Dravet Syndrome in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Is the requested dose less than or equal to (≤) 3000 mg/day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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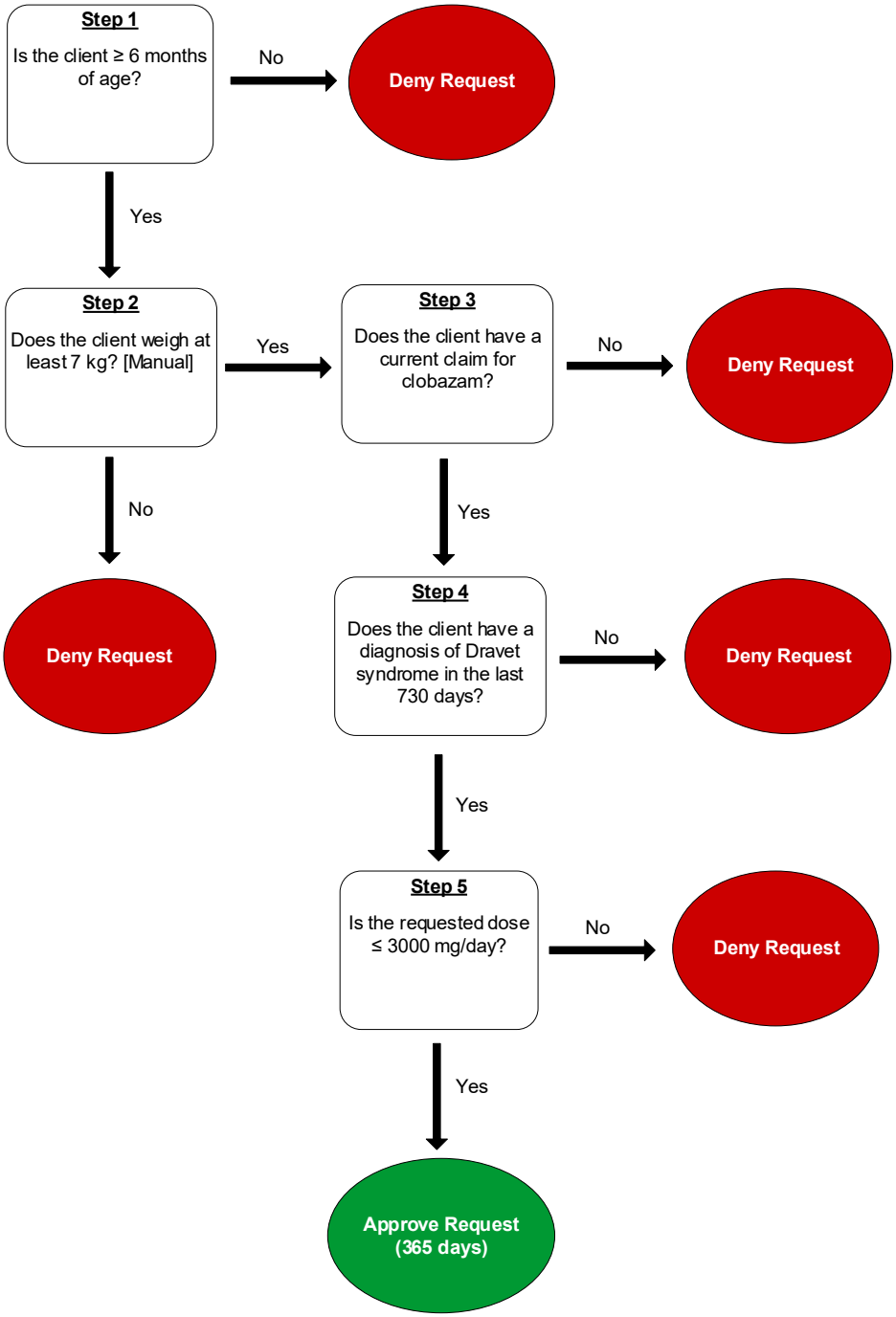
Diacomit (Stiripentol)

Clinical Criteria Logic Diagram



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Epidiolex (Cannabidiol)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
EPIDIOLEX 100MG/ML SOLUTION	45169

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Epidiolex (Cannabidiol)

Clinical Criteria Logic

1. Does the client have paid claims for greater than or equal to (≥) 60 days of cannabidiol (Epidiolex) in the last 90 days?

   [ ] Yes – Approve (365 days)

   [ ] No – Go to #2

2. Is the client greater than or equal to (≥) 1 year of age?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have a diagnosis of Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in the last 730 days?

   [ ] Yes – Approve (365 days)

   [ ] No – Go to #4

4. Does the client have at least 30 days therapy in the last 365 days of at least 2 other anticonvulsant agents (excluding cannabidiol)?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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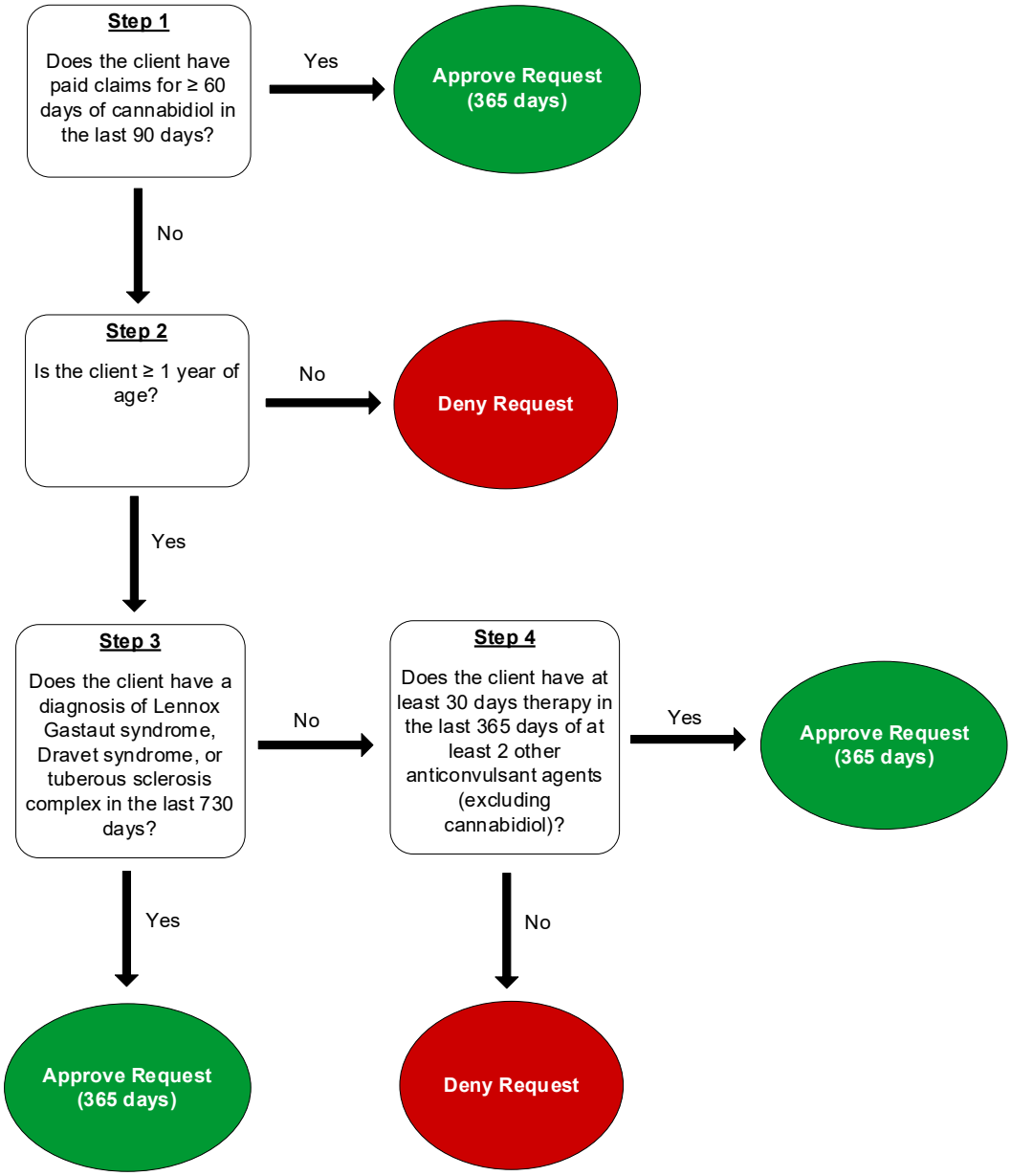
Epidiolex (Cannabidiol)

Clinical Criteria Logic Diagram



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Fintepla (Fenfluramine)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
FINTEPLA 2.2 MG/ML SOLUTION	48284

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Fintepla (Fenfluramine)

Clinical Criteria Logic

1. Does the client have paid claims for greater than or equal to (≥) 60 days of fenfluramine (Fintepla) in the last 90 days?

   [ ] Yes – Approve (365 days)

   [ ] No – Go to #2

2. Is the client greater than or equal to (≥) 2 years of age?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have a diagnosis of Lennox-Gastaut syndrome or Dravet syndrome in the last 730 days?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Is the client taking clobazam and stiripentol concurrently with fenfluramine?

   [ ] Yes – Go to #5

   [ ] No – Go to #6

5. Is the requested dose less than or equal to (≤) 17 mg/day?

   [ ] Yes – Go to #7

   [ ] No – Deny

6. Is the requested dose less than or equal to (≤) 26 mg/day?

   [ ] Yes – Go to #7

   [ ] No – Deny

7. Has the client had therapy with a monoamine oxidase inhibitor (MAOI) in the last 14 days?

   [ ] Yes – Deny

   [ ] No – Approve (365 days)

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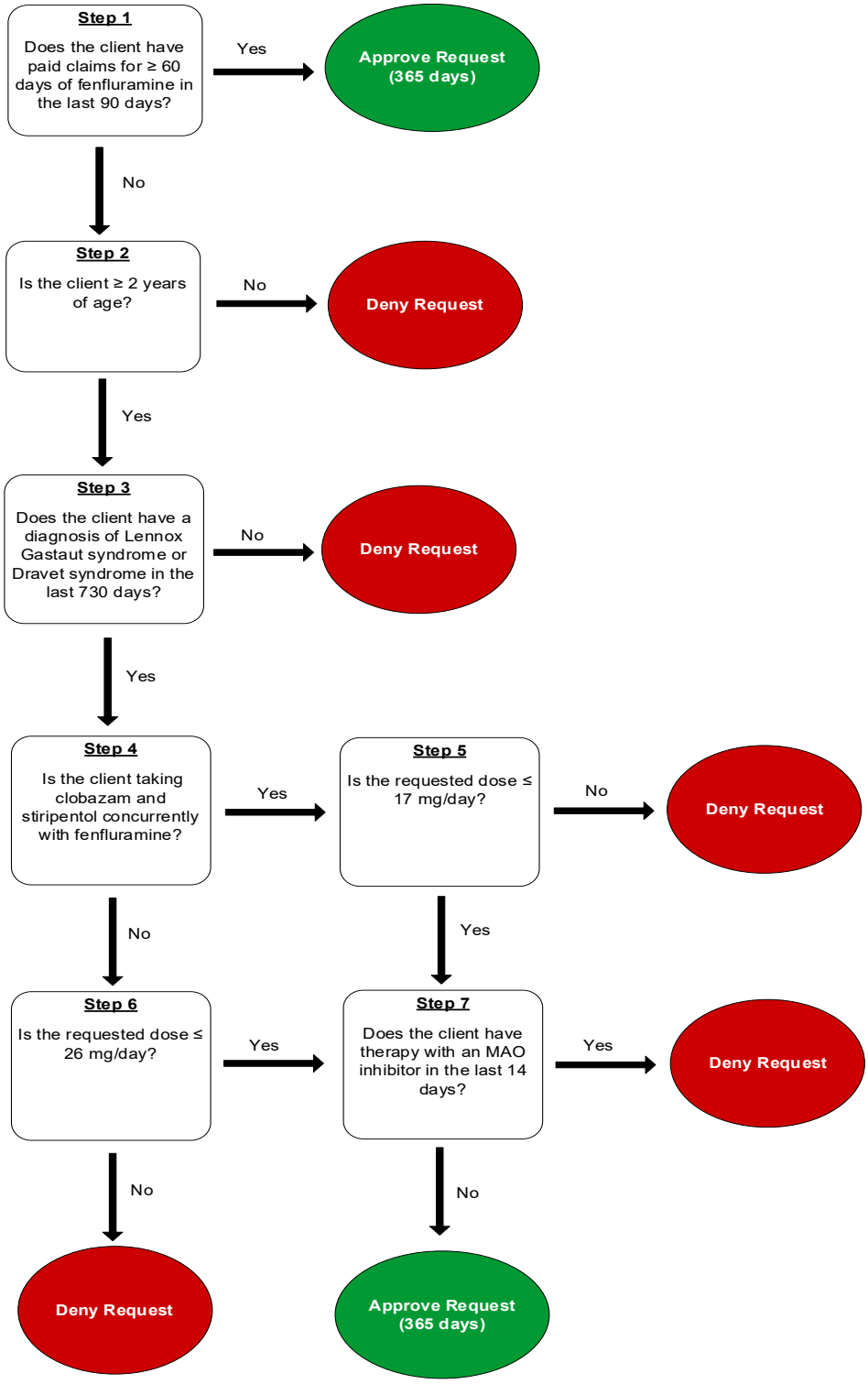
Fintepla (Fenfluramine)

Clinical Criteria Logic Diagram



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Antiseizure Agents

Clinical Criteria Supporting Tables

Diagnosis of Dravet Syndrome Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS

Diagnosis of Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
Q851	TUBEROUS SCLEROSIS

Diagnosis of Lennox-Gastaut syndrome or Dravet syndrome Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4083	DRAVET SYNDROME
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
36098	APTIOM 200 MG TABLET
36099	APTIOM 400 MG TABLET
36106	APTIOM 600 MG TABLET
27409	APTIOM 800MG TABLET
29462	BANZEL 40 MG/ML SUSPENSION
98836	BANZEL 200 MG TABLET
98837	BANZEL 400 MG TABLET
40716	BRIVIACT 10 MG TABLET
40712	BRIVIACT 10 MG/ML ORAL SOLN
40723	BRIVIACT 100 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
40717	BRIVIACT 25 MG TABLET
40718	BRIVIACT 50 MG TABLET
40709	BRIVIACT 50 MG/5 ML VIAL
40719	BRIVIACT 75 MG TABLET
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
27601	CARBAMAZEPINE 100 MG/5 ML CUP
27602	CARBAMAZEPINE 200 MG/10 ML CUP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
23933	CARBAMAZEPINE ER 300 MG CAP
27821	CARBAMAZEPINE XR 200 MG TABLET
27822	CARBAMAZEPINE XR 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17411	CELONTIN 300 MG KAPSEAL
17410	CELONTIN KAPSEAL 150 MG
17270	DEPAKENE 250 MG CAPSULE
17280	DEPAKENE 250 MG/5 ML SOLUTION
17400	DEPAKOTE 125 MG SPRINKLE CAP

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
17292	DEPAKOTE DR 125 MG TABLET
17290	DEPAKOTE DR 250 MG TABLET
17291	DEPAKOTE DR 500 MG TABLET
18754	DEPAKOTE ER 250 MG TABLET
18040	DEPAKOTE ER 500 MG TABLET
99500	DIACOMIT 250 MG CAPSULE
99502	DIACOMIT 250 MG POWDER PACKET
99501	DIACOMIT 500 MG CAPSULE
99503	DIACOMIT 500 MG POWDER PACKET
17701	DILANTIN 30 MG CAPSULE
17700	DILANTIN 100 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
17241	DILANTIN 125 MG/5 ML SUSP
17292	DIVALPROEX SOD DR 125 MG TAB
17290	DIVALPROEX SOD DR 250 MG TAB
17291	DIVALPROEX SOD DR 500 MG TAB
18754	DIVALPROEX SOD ER 250 MG TAB
18040	DIVALPROEX SOD ER 500 MG TAB
17400	DIVALPROEX SODIUM 125 MG CAP
38598	ELEPSIA XR 1,000 MG TABLET
38599	ELEPSIA XR 1,500 MG TABLET
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
51457	EPRONTIA 25 MG/ML SOLUTION
17420	ETHOSUXIMIDE 250 MG CAPSULE
17430	ETHOSUXIMIDE 250 MG/5 ML SYRP
38020	FELBAMATE 600 MG/5 ML SUSP
38021	FELBAMATE 400 MG TABLET
38022	FELBAMATE 600 MG TABLET
38020	FELBATOL 600 MG/5 ML SUSP
38021	FELBATOL 400 MG TABLET
38022	FELBATOL 600 MG TABLET
48284	FINTEPLA 2.2 MG/ML SOLUTION
41309	FYCOMPA 0.5 MG/ML ORAL SUSP
33275	FYCOMPA 10 MG TABLET
33276	FYCOMPA 12 MG TABLET
33271	FYCOMPA 2 MG TABLET
33272	FYCOMPA 4 MG TABLET
33273	FYCOMPA 6 MG TABLET
33274	FYCOMPA 8 MG TABLET
39457	FYCOMPA 2 MG-4 MG TABLET KIT
00780	GABAPENTIN 100 MG CAPSULE
23239	GABAPENTIN 100 MG CAPSULE
00781	GABAPENTIN 300 MG CAPSULE

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
23242	GABAPENTIN 300 MG CAPSULE
00782	GABAPENTIN 400 MG CAPSULE
23243	GABAPENTIN 400 MG CAPSULE
13235	GABAPENTIN 250 MG/5 ML SOLN
94624	GABAPENTIN 600 MG TABLET
94447	GABAPENTIN 800 MG TABLET
54681	GABITRIL 2 MG TABLET
37980	GABITRIL 4 MG TABLET
37981	GABITRIL 12 MG TABLET
37982	GABITRIL 16 MG TABLET
37983	GABITRIL 20 MG FILMTAB
30295	GRALISE ER 300 MG TABLET
54018	GRALISE ER 450 MG TABLET
30296	GRALISE ER 600 MG TABLET
54019	GRALISE ER 750 MG TABLET
54021	GRALISE ER 900 MG TABLET
20353	KEPPRA 100 MG/ML ORAL SOLN
41587	KEPPRA 250 MG TABLET
41597	KEPPRA 500 MG TABLET
41586	KEPPRA 750 MG TABLET
86223	KEPPRA 1,000 MG TABLET
14305	KEPPRA XR 500 MG TABLET23239
20765	KEPPRA XR 750 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
14339	LACOSAMIDE 100 MG TABLET
14341	LACOSAMIDE 150 MG TABLET
14342	LACOSAMIDE 200 MG TABLET
14338	LACOSAMIDE 50 MG TABLET
64316	LAMICTAL 100 MG TABLET
64324	LAMICTAL 150 MG TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)
23293	LAMICTAL ODT START KT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)
23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64317	LAMOTRIGINE 25 MG TABLET
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET
24739	LAMOTRIGINE ER 200 MG TABLET
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
23969	LAMOTRIGINE TAB START KT-BLUE
23972	LAMOTRIGINE TAB START KT-GREEN
23973	LAMOTRIGINE TAB START KT-ORANGE
20353	LEVETIRACETAM 100 MG/ML SOLN
16779	LEVETIRACETAM 500 MG/5 ML SOLN
41587	LEVETIRACETAM 250 MG TABLET
41597	LEVETIRACETAM 500 MG TABLET
41586	LEVETIRACETAM 750 MG TABLET
86223	LEVETIRACETAM 1,000 MG TABLET
14305	LEVETIRACETAM ER 500 MG TABLET
20765	LEVETIRACETAM ER 750 MG TABLET
32359	LYRICA 20 MG/ML ORAL SOLUTION
23039	LYRICA 25 MG CAPSULE
23046	LYRICA 50 MG CAPSULE
23047	LYRICA 75 MG CAPSULE
23048	LYRICA 100 MG CAPSULE
23049	LYRICA 150 MG CAPSULE
23051	LYRICA 200 MG CAPSULE
25019	LYRICA 225 MG CAPSULE
23052	LYRICA 300 MG CAPSULE
43986	LYRICA CR 82.5 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
43987	LYRICA CR 165 MG TABLET
43988	LYRICA CR 330 MG TABLET
17322	MYSOLINE 50 MG TABLET
17321	MYSOLINE 250 MG TABLET
17310	MYSOLINE 250 MG/5 ML SUSP
00780	NEURONTIN 100 MG CAPSULE
00781	NEURONTIN 300 MG CAPSULE
00782	NEURONTIN 400 MG CAPSULE
13235	NEURONTIN 250 MG/5 ML SOLN
94624	NEURONTIN 600 MG TABLET
94447	NEURONTIN 800 MG TABLET
21723	OXCARBAZEPINE 300 MG/5 ML SUSP
21724	OXCARBAZEPINE 150 MG TABLET
21721	OXCARBAZEPINE 300 MG TABLET
21722	OXCARBAZEPINE 600 MG TABLET
33556	OXTELLAR XR 150 MG TABLET
33557	OXTELLAR XR 300 MG TABLET
33558	OXTELLAR XR 600 MG TABLET
17260	PEGANONE 250 MG TABLET
17261	PEGANONE 500 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
17161	PHENYTOIN SOD 100 MG CAPSULE
23048	PREGABALIN 100 MG CAPSULE
23049	PREGABALIN 150 MG CAPSULE
32359	PREGABALIN 20 MG/ML SOLUTION
23051	PREGABALIN 200 MG CAPSULE
25019	PREGABALIN 225 MG CAPSULE
23039	PREGABALIN 25 MG CAPSULE
23052	PREGABALIN 300 MG CAPSULE
23046	PREGABALIN 50 MG CAPSULE
23047	PREGABALIN 75 MG CAPSULE

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
17322	PRIMIDONE 50 MG TABLET
17321	PRIMIDONE 250 MG TABLET
36229	QUDEXY XR 25 MG CAPSULE
36232	QUDEXY XR 50 MG CAPSULE
26233	QUDEXY XR 100 MG CAPSULE
36234	QUDEXY XR 150 MG CAPSULE
36235	QUEDEXY XR 200 MG CAPSULE
41597	ROWEEPRA 500 MG TABLET
41586	ROWEEPRA 750 MG TABLET
86223	ROWEEPRA 1,000 MG TABLET
14305	ROWEEPRA XR 500 MG TABLET
20765	ROWEEPRA XR 750 MG TABLET
98836	RUFINAMIDE 200 MG TABLET
98837	RUFINAMIDE 400 MG TABLET
29462	RUFINAMIDE 40 MG/ML SUSPENSION
64314	SABRIL 500 MG POWDER PACKET
64315	SABRIL 500 MG TABLET
36266	SPRITAM 1,000 MG TABLET
31202	SPRITAM 250 MG TABLET
36046	SPRITAM 500 MG TABLET
36265	SPRITAM 750 MG TABLET
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET
23969	SUBVENITE TAB START KT (BLUE)
23972	SUBVENITE TAB START KT (GREEN)
23973	SUBVENITE TAB START KT(ORANGE)
47500	TEGRETOL 100 MG/5 ML SUSP
17460	TEGRETOL 100 MG TABLET CHEW
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
54681	TIAGABINE HCL 2 MG TABLET
37980	TIAGABINE HCL 4 MG TABLET
37981	TIAGABINE HCL 12 MG TABLET
37982	TIAGABINE HCL 16 MG TABLET
36556	TOPAMAX 15 MG SPRINKLE CAP
36557	TOPAMAX 25 MG SPRINKLE CAP
36553	TOPAMAX 25 MG TABLET
36550	TOPAMAX 50 MG TABLET
36551	TOPAMAX 100 MG TABLET
36552	TOPAMAX 200 MG TABLET
36551	TOPIRAMATE 100 MG TABLET
36556	TOPIRAMATE 15 MG SPRINKLE CAP

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
36552	TOPIRAMATE 200 MG TABLET
36557	TOPIRAMATE 25 MG SPRINKLE CAP
36553	TOPIRAMATE 25 MG TABLET
36550	TOPIRAMATE 50 MG TABLET
35106	TOPIRAMATE ER 100 MG CAPSULE
36233	TOPIRAMATE ER 100MG SPRINK CAP
36234	TOPIRAMATE ER 150 MG CAPSULE
36234	TOPIRAMATE ER 150MG SPRINK CAP
35107	TOPIRAMATE ER 200 MG CAPSULE
36235	TOPIRAMATE ER 200MG SPRINK CAP
35103	TOPIRAMATE ER 25 MG CAPSULE
36229	TOPIRAMATE ER 25MG SPRINKL CAP
35104	TOPIRAMATE ER 50 MG CAPSULE
36232	TOPIRAMATE ER 50MG SPRINKL CAP
21723	TRILEPTAL 300 MG/5 ML SUSP
21724	TRILEPTAL 150 MG TABLET
21721	TRILEPTAL 300 MG TABLET
21722	TRILEPTAL 600 MG TABLET
35106	TROKENDI XR 100 MG CAPSULE
35107	TROKENDI XR 200 MG CAPSULE
35103	TROKENDI XR 25 MG CAPSULE
35104	TROKENDI XR 50 MG CAPSULE
17270	VALPROIC ACID 250 MG CAPSULE

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
17280	VALPROIC ACID 250 MG/5 ML SOLN
64315	VIGABATRIN 500 MG TABLET
64314	VIGABATRIN 500 MG POWDER PACKT
64314	VIGADRONE 500 MG POWDER PACKET
64315	VIGADRONE 500 MG TABLET
28643	VIMPAT 10 MG/ML SOLUTION
14338	VIMPAT 50 MG TABLET
14339	VIMPAT 100 MG TABLET
14341	VIMPAT 150 MG TABLET
14342	VIMPAT 200 MG TABLET
55041	XCOPRI 25 MG TABLET
47395	XCOPRI 100 MG TABLET
47409	XCOPRI 12.5-25 MG TITRATION PK
47396	XCOPRI 150 MG TABLET
47414	XCOPRI 150-200 MG TITRATION PK
47397	XCOPRI 200 MG TABLET
47415	XCOPRI 250 MG DAILY DOSE PACK
47416	XCOPRI 350 MG DAILY DOSE PACK
47394	XCOPRI 50 MG TABLET
47413	XCOPRI 50-100 MG TITRATION PK
17420	ZARONTIN 250 MG CAPSULE
17430	ZARONTIN 250 MG/5 ML SYRUP
20831	ZONISAMIDE 25 MG CAPSULE

Anticonvulsant Agents Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
20833	ZONISAMIDE 50 MG CAPSULE
92219	ZONISAMIDE 100 MG CAPSULE

Clobazam Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
09071	CLOBAZAM 10 MG TABLET
35026	CLOBAZAM 2.5 MG/ML SUSPENSION
09070	CLOBAZAM 20 MG TABLET
09073	ONFI 5 MG TABLET
09071	ONFI 10 MG TABLET
35026	ONFI 2.5 MG/ML SUSPENSION
09070	ONFI 20 MG TABLET
45265	SYMPAZAN 10 MG FILM
45266	SYMPAZAN 20 MG FILM
45264	SYMPAZAN 5 MG FILM

Clobazam and Stiripentol Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
09071	CLOBAZAM 10 MG TABLET
35026	CLOBAZAM 2.5 MG/ML SUSPENSION

Clobazam and Stiripentol Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
09070	CLOBAZAM 20 MG TABLET
99500	DIACOMIT 250 MG CAPSULE
99502	DIACOMIT 250 MG POWDER PACKET
99501	DIACOMIT 500 MG CAPSULE
99503	DIACOMIT 500 MG POWDER PACKET
09071	ONFI 10 MG TABLET
09073	ONFI 5 MG TABLET
35026	ONFI 2.5 MG/ML SUSPENSION
09070	ONFI 20 MG TABLET
45265	SYMPAZAN 10 MG FILM
45266	SYMPAZAN 20 MG FILM
45264	SYMPAZAN 5 MG FILM

MAOI Required claims: *1* Look back timeframe: *14* days	
GCN	**Label Name**
27081	AZILECT 0.5 MG TABLET
24654	AZILECT 1 MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26613	EMSAM 9 MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26871	LINEZOLID 100MG/5ML SUSP

MAOI Required claims: *1* Look back timeframe: *14* days	
GCN	**Label Name**
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10 MG TABLET
16417	NARDIL 15 MG TABLET
16418	PARNATE 10 MG TABLET
16417	PHENELZINE SULFATE 15 MG TAB
27081	RASAGILINE MESYLATE 0.5 MG TAB
24654	RASAGILINE MESYLATE 1 MG TAB
15603	SELEGILINE 5MG CAPSULE
15600	SELEGILINE 5MG TABLET
16418	TRANYLCYPROMINE 10MG TABLET
40008	XADAGO 100 MG TABLET
40007	XADAGO 50 MG TABLET
22783	ZELAPAR 1.25MG ODT TABLET
26871	ZYVOX 100 MG/5 ML SUSPENSION
26870	ZYVOX 600 MG TABLET
26873	ZYVOX 600 MG/300 ML IV SOLN
26872	ZYVOX 200 MG/100 ML IV SOLN

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

Publication Date	Notes
01/25/2019	• Initial publication and presentation to the DUR Board
02/04/2019	• Updated to include DUR Board recommendations
03/28/2019	• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
08/20/2020	• Updated age to greater than or equal to 1 year of age on criteria logic and logic diagram, pages 3-4 • Added diagnosis for tuberous sclerosis complex in criteria logic and logic diagram, pages 3-4 • Added ICD-10 codes for Dravet syndrome and tuberous sclerosis complex to supporting tables, page 5 • Updated references page 6
02/18/2021	• Annual review by staff • Updated references
02/25/2021	• Added the following diagnosis (ICD-10) codes: G40411, G40419, G40803 and G40804
07/05/2022	• Annual review by staff • Updated references
07/25/2022	• Combined existing Epidiolex criteria with Fintepla criteria approved by the DUR Board on 7/22/2022
10/22/2022	• Added check for stable therapy for Epidiolex • Added check for treatment-resistant seizures for Epidiolex by looking for use of 2 anticonvulsant agents in the last 365 days • Added check for stable therapy for Fintepla • Added dose check for Fintepla
02/08/2023	• Added existing Diacomit criteria to the guide

Publication Date	Notes
12/08/2023	• Annual review by staff • Update references
09/18/2024	• Annual review by staff • Added GCNs Carbamazepine (27601, 27602), Celontin Kapseal (17410), Fycompa (39457), Gabitril (37983), Gralise (54018, 54019, 54021), Levetiracetam (16779), Lyrica (32359, 43986, 43987, 43988), Mysoline (17310), Neurontin (94624), Peganone (17261), Phenytoin (17161), Roweepra (41586, 86223, 14305, 20765), Tegretol (17460), Vigadrone (64315), Xcopri (55041), Onfi (09073), Emsam (26613), Zyvox (26872) to "Supporting Tables" section • Updated references
04/30/2025	• Annual review by staff • Added GCNs for gabapentin (23239, 23242, 23243), rasagiline (27081, 24654), and topiramate (36229, 36232, 36235, 36233, 36234) to the supporting tables section • Update references