

## Levetiracetam XR Drug Use Criteria

Created: September 2015

Revised: April 2019, 12/10/21, 3/25/24

Includes:

**Keppra XR®**

*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 member 21 years of age or older?
  - a. If yes, go to 2
  - b. If no, go to 3
  
2. Is the patient being treated for epilepsy or a seizure disorder?
  - a. If yes, go to 3
  - 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.
  
3. Does the patient have any contraindications to levetiracetam therapy?
  - a. If yes, deny as not meeting criteria. Member has a contraindication to levetiracetam therapy (list what contraindication).
  - b. If no, go to 4
  
4. Is the dose prescribed consistent with the FDA approved prescribing information?
  - a. If yes, go to 5
  - b. If no, deny as not meeting criteria. Off-label use of medication is not a covered benefit on OHP.
  
5. 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:**

Approved by Managed Care 708/11

Approved by Advanced Health Pharmacy and Therapeutics Committee 4/22/19, 1/7/21, 4/10/2024

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® Package insert. Revised date 10/2020.