AdvancedHealth
Bridging the Future of Healthcare

289 LaClair Coos Bay OR 97420
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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

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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.

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