

Policy Name:	Qudexy XR (topiramate ER) and Trokendi XR (topiramate ER)	Policy #:	2071P
---------------------	--	------------------	--------------

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Qudexy XR and Trokendi XR.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Qudexy XR and Trokendi XR when the following criteria has been met.

Criteria

1. Coverage Criteria for Seizure Diagnoses

- 1.1 Diagnosis of Partial-Onset Seizures, Primary Generalized Tonic-Clonic Seizures, or Lennox-Gastaut Syndrome
- 1.2 Documented failure after 90 days, intolerance, or contraindication to topiramate

2. Coverage Criteria for Migraine Prophylaxis

- 2.1 Diagnosis of chronic migraine
- 2.2 Documented failure, intolerance, or contraindication to topiramate IR with claims history to support member compliance with filling at least a 90-day supply within a 120-day time frame
- 2.3 Documented failure, intolerance or contraindication to at least 1 additional supported migraine preventative medication (such as metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, nortriptyline, duloxetine, venlafaxine, divalproex or valproic acid)

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Glauser T, Ben-Menachem E, Bourgeois B, et al. Updated ILAE evidence review of antiepileptic drug efficacy and effectiveness as initial monotherapy for epileptic seizures and syndromes. *Epilepsia* 2013; 54:551.
2. Qudexy XR (topiramate) extended-release capsules [prescribing information]. Maple Grove, MN: Upsher- Smith Laboratories LLC; March 2023.
3. Trokendi XR (topiramate) extended-release capsules [prescribing information]. Winchester, KY:

Catalent Pharma Solutions; October 2022.

4. Silberstein S, Holland S, Freitag F, et al; American Academy of Neurology; American Headache Society, Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology April 24, 2012 vol.78 no. 17 1337–1345. Reaffirmed 22 October 2022.
5. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021 Jul;61(7):1021-1039.

Created Date: 01/10/14

Effective Date: 02/05/14

Posted to Website: 01/01/22

Revision Date: 08/07/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.