

**Levetiracetam ER tablets/Brand Name Keppra (New Starts only\*)**

1. Is the medication being prescribed for an OHP funded condition?
  - a. If Yes, Move to question #2
  - b. If No, Category 1 denial
  
2. Is the medication being used for the treatment of epilepsy or for the prevention of seizures in the member?
  - a. If Yes, Move to question #3
  - b. If No, Category 3 denial
  
3. Has the member tried and failed formulary levetiracetam option or is there anticipated risk of adverse effects to member if switched to preferred formulary option?
  - a. If Yes, Approve for up to 12 months
  - b. If No, Category 15 denial

**Oxcarbazepine solution for ages 5 years and older (New starts only)**

1. Is the medication being prescribed for an OHP funded condition?
  - a. If Yes, Move to question #2
  - b. If No, Category 1 denial
  
2. Is the medication being used for the treatment of epilepsy or for the prevention of seizures in the member?
  - a. If Yes, Move to question #3
  - b. If No, Category 3 denial
  
3. Is the member unable to use formulary oxcarbazepine tablets (due to age, feeding tubes, etc.)?
  - a. If Yes, Approve for up to 12 months
  - b. If No, Category 15 denial

**Oxtellar XR (oxcarbazepine ER tablets)**

1. Is the medication being prescribed for an OHP funded condition?
  - a. If Yes, move to question #2
  - b. If No, Category 1 denial
  
2. Is the medication being used for the treatment of epilepsy or for the prevention of seizures in the member?
  - a. If Yes, move to question #3
  - b. If No, Category 3 denial
  
3. Has the member tried and failed formulary oxcarbazepine option or is there anticipated risk of adverse effects to member if switched to preferred formulary option?
  - a. If Yes, Approve for up to 12 months
  - b. If No, Category 15 denial

New Starts only: A member will be considered a “new start” if they have not filled the requested prescription within the last 90 day period.

Prior Authorization criteria approved 3/3/15  
WVCH Pharmacy and Therapeutics committee

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted

New Starts only: A member will be considered a “new start” if they have not filled the requested prescription within the last 90 day period.