Applicable Drugs: Fycompa (perampanel)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/29/2020

Date Last Reviewed / Revised: 6/2/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

I. Documented diagnosis of one of the following conditions and must meet ALL criteria listed under the applicable diagnosis:
   A. Partial-Onset Seizures
   B. Primary Generalized Tonic-Clonic Seizures
      i. Patient is receiving at least one other antiepileptic drug.

II. Minimum age requirement:
   A. Partial-onset seizure: 4 years
   B. Primary generalized tonic-clonic seizure: 12 years

III. Documented treatment failure with 2 or contraindication to all preferred antiepileptic drugs (see Appendix A for examples).

IV. Treatment must be prescribed by or in consultation with a neurologist.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- [US Boxed Warning]: Dose-related serious or life-threatening neuropsychiatric events (including aggression, anger, homicidal ideation and threats, hostility, and irritability) have been reported most often occurring in first 6 weeks of therapy in patients with or without prior psychiatric history, prior aggressive behavior, or concomitant use of medications associated with hostility

and aggression; monitor patients closely, especially during dosage adjustments and when receiving higher doses.

- Adjust dose or immediately discontinue use if severe or worsening symptoms occur.
- Permanently discontinue for persistent severe or worsening psychiatric symptoms or behaviors.
- Concurrent use with alcohol has been associated with significantly worsened mood and increased anger; patients should avoid the use of alcohol during therapy.

Quantity / Days Supply Restrictions

- 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets: 30 tablets per 30 days.
- 0.5 mg/mL oral solution: 30-day supply.
    - Maximum dose: 12 mg/day.

Approval Length

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix

Appendix A: Therapeutic Alternatives	
Antiepileptic drugs for partial seizures	carbamazepine (Tegretol®), divalproex sodium (Depakote®), felbamate (Felbatol®), gabapentin (Neurontin®), lacosamide (Vimpat®), lamotrigine (Lamictal®), levetiracetam (Keppra®), oxcarbazepine (Trileptal®), phenytoin (Dilantin®), phenobarbital, pregabalin (Lyrica®), tiagabine (Gabitril®), topiramate (Topamax®), valproic acid (Depakene®), zonisamide (Zonegran®)
Antiepileptic drugs for tonic-clonic seizures	carbamazepine (Tegretol®), divalproex sodium (Depakote®), lacosamide (Vimpat®), lamotrigine (Lamictal®), levetiracetam (Keppra®), phenytoin (Dilantin®), phenobarbital, primidone (Mysoline®), topiramate (Topamax®), valproic acid (Depakene®)

References

1. Fycompa. Prescribing information. Eisai Inc.; 2023. Accessed April 18, 2025. https://www.fycompa.com/media/media/Files/Fycompa/Fycompa_Prescribing_Information.pdf
2. Kanner AM, Ashman E, Gloss D, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy: Report of the

Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. Neurology. 2018;91(2):74-81. Doi:10.1212/WNL.0000000000005755

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.