Effective Date: 10/1/2020

Revised: 6/2020

Reviewed: 6/2020, 3/2021, 3/2022, 3/2023,

3/2024, 3/2025, 5/2025 Scope: Medicaid

Fycompa (perampanel) Oral Suspension Perampanel Tablets

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

- The prescriber is a neurologist or medication is prescribed in consultation with a neurologist
- The medication is used for the treatment of partial-onset seizures and the patient is 4 years of age or older OR the medication is used as adjunctive therapy in the treatment of primary generalized tonic-clonic seizures and the patient is 12 years of age or older
- The patient has had a documented trial of at least 2 other antiepileptic drugs titrated to an appropriate maintenance dose or documented failure of at least two other antiepileptic drugs due to intolerable side effects
- Prescriber is aware and counseled the patient on the potential for the side effect of Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity
- Documentation of seizure frequency is provided

II. CRITERIA FOR CONTINUATION OF THERAPY

Perampanel tablets will continue to pay within the quantity limit after the initial approval if there is at least one paid claim of at least a 28-day supply within the last 365 days for Fycompa (perampanel) or the member has documentation of a positive clinical response (e.g., decrease in the amount of seizure frequency).

Fycompa oral suspension will continue to pay within the quantity limit after the initial approval if there is at least one paid claim of at least a 28-day supply within the last 365 days for Fycompa oral suspension or the member has documentation of a positive clinical response (e.g., decrease in the amount of seizure frequency).

III. QUANTITY LIMIT

- Perampanel 2mg tablet: 2 tablets per day
- Perampanel 4mg, 6mg, 8mg, 10mg, 12mg tablets: 1 tablet per day
- Fycompa 0.5 mg/ml oral suspension: 8 ml per day
 - O A quantity limit exception may be granted of up to 12mg per day (24 ml per day) if patient has documented inability to take perampanel tablets.

IV. REFERENCES

1. Fycompa [package insert]. Nutley, NJ: Eisai Inc.; January 2024.

