Effective Date: 10/1/2020
Revised: 6/2020 Reviewed: 6/2020, 3/2021, 3/2022, 3/2023, 3/2024, 3/2025 Scope: Medicaid

Fycompa (perampanel) Tablets

POLICY

I. CRITERIA FOR APPROVAL

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

- The prescriber is a neurologist or prescribed in consultation with a neurologist
- The medication is used for the treatment of partial Seizures and the patient is 4 years of age or older; OR
- The medication is used for the treatment of adjunctive therapy in the treatment of tonic-clonic seizures and the patient is 12 years of age or older
- The patient has had a trial of at least 2 other antiepileptic drugs titrated to an appropriate maintenance dose or 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

- The prescriber is a neurologist or prescribed in consultation with a neurologist
- Documentation of seizure frequency is provided
- Documented decrease in the amount of seizure frequency

III. QUANTITY LIMIT

- Fycompa 2mg Tablet: 2 tablets per day
- Fycompa 4mg, 6mg, 8mg, 10mg, 12mg Tablets: 1 tablet per day

IV. COVERAGE DURATION

- 12 months

V. REFERENCES

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