

Commercial/Healthcare Exchange PA Criteria *Effective: January 1, 2020*

Prior Authorization: Equetro

Products Affected: Equetro ER (carbamazepine) capsule

Medication Description: Carbamazepine is an anticonvulsant and reduces pain of trigeminal neuralgia by a mechanism of action that is unknown.

Covered Uses:

1. Treatment of acute manic and mixed episodes associated with bipolar I disorder
2. Treatment of epilepsy
3. Treatment of pain associated with trigeminal neuralgia

Exclusion Criteria:

1. Patients with bone marrow depression
2. Patients with known hypersensitivity to carbamazepine or to tricyclic compounds
3. Concomitant use with monoamine oxidase inhibitors (MAOIs) or use within 14 days of discontinuing an MAOI
4. Concomitant use with delavirdine or other non-nucleoside reverse transcriptase inhibitors that are substrates for CYP3A4.
5. Concomitant use of nefazodone
6. Treatment of absence seizures (petit mal)

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions:

1. 18 years of age or older for a diagnosis of bipolar disorder or trigeminal neuralgia
2. 12 years of age or older for a diagnosis of epilepsy

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of bipolar disorder; OR
2. Patient has a diagnosis of trigeminal neuralgia; OR
3. Patient has a diagnosis of epilepsy with partial seizures with complex symptomatology (e.g., psychomotor, temporal lobe), generalized tonic-clonic seizures (grand mal), or mixed seizure patterns; AND
4. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of extended release carbamazepine.

References:

- 1) EQUETRO oral extended-release capsules, carbamazepine oral extended-release capsules. Validus Pharmaceuticals LLC (per FDA), Parsippany, NJ, 2016.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/16/2019