

Pharmacy Services

(800) 522-0114, option 4

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of **Vimpat® (Iacosamide)**, **Banzel® (rufinamide)**, and **Fycompa® (perampanel)**. You are receiving this fax because you recently dispensed or prescribed one of these medications for SoonerCare member(s). **Effective June 22, 2016, Vimpat® (Iacosamide), Banzel® (rufinamide), and Fycompa® (perampanel) will require a prior authorization.** The following authorization criteria for reimbursement will apply:

Vimpat® (Lacosamide) Approval Criteria:

1. An FDA approved diagnosis of partial-onset seizures; and
2. Initial prescription must be written by a neurologist; and
3. Must have failed therapy with at least one other medication commonly used for seizures.
4. Members currently stable on Vimpat® and who have a seizure diagnosis will be grandfathered.

Banzel® (Rufinamide) Approval Criteria:

1. An FDA approved indication of adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut Syndrome; and
2. Initial prescription must be written by a neurologist; and
3. Must have failed therapy with at least three other medications commonly used for seizures.
4. Members currently stable on Banzel® and who have a seizure diagnosis will be grandfathered.

Fycompa® (Perampanel) Approval Criteria:

1. An FDA approved indication of adjunctive therapy in the treatment of partial-onset seizures with or without secondarily generalized seizures or primary generalized tonic-clonic (PGTC) seizures; and
2. Initial prescription must be written by a neurologist; and
3. Must have failed therapy with at least three other medications commonly used for seizures.
4. Members currently stable on Fycompa® and have a seizure diagnosis will be grandfathered.

If a SoonerCare member is currently taking one of these medications, the medication will be “grandfathered”. If the member has a recent paid claim (within the last 60 days) for one of the medications, claims should process without submission of a prior authorization request. Members who are new to SoonerCare or those members who have not received the medication through SoonerCare within the last 60 days will need to have a manual prior authorization submitted by their prescriber. Dates of previous doses must be listed on the prior authorization request. Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!