

Policy Name:	Spritam (levetiracetam) ODT Step-Edit	Policy #:	2511P
---------------------	--	------------------	--------------

Purpose of the Policy

The purpose of this policy is to establish the step-edit criteria for the coverage of Spritam.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Spritam when the following step-edit criteria have been met.

Criteria

1. Step-Edit Criteria

- 1.1 A previous paid claim at the pharmacy of levetiracetam solution, tablets, or capsules
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure on levetiracetam solution, tablets, or capsules

2. Approval Period

- 2.1 12 months

CPT Codes	

HCPCS Codes	

References

1. Spritam (levetiracetam) [prescribing information]. Blue Ash, OH: Aprecia Pharmaceuticals; January 2021.
2. Andres M. Kanner, Eric Ashman, David Gloss, et al. Neurology Jul 2018, 91 (2) 74-81; Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy.
3. Andres M. Kanner, Eric Ashman, David Gloss, et al. Neurology Jul 2018, 91 (2) 82-90. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs II: Treatment-resistant epilepsy.

Created Date: 06/01/16
Effective Date: 06/01/16
Posted to Website: 01/01/2022
Revision Date: 08/03/2023

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.