

STEP THERAPY POLICY

- POLICY:** Antiepileptics – Lamictal XR Step Therapy Policy
- Lamictal® (lamotrigine tablets and chewable dispersible tablets – GlaxoSmithKline, generics)
 - Lamictal® ODT™ (lamotrigine orally disintegrating tablets – GlaxoSmithKline, generics)
 - Lamictal® XR™ (lamotrigine extended-release tablets – GlaxoSmithKline, generics)

REVIEW DATE: 11/11/2020

OVERVIEW

The immediate-release formulations of lamotrigine (tablets, chewable dispersible tablets, and orally disintegrating tablets [Lamictal, Lamictal ODT, generics]) are indicated for the following:¹

- Adjunctive therapy in patients ≥ 2 years of age with **partial seizures, primary generalized tonic-clonic seizures, and generalized seizures of Lennox-Gastaut syndrome.**
- Monotherapy in patients ≥ 16 years of age with **partial seizures** who are receiving treatment with carbamazepine, phenytoin, phenobarbital, primidone, or valproate as the single AED
- **Maintenance treatment of bipolar I disorder** to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in patients treated for acute mood episodes with standard therapy.

Lamotrigine extended-release tablets (Lamictal XR, generics) are indicated for the following:²

- Adjunctive therapy for **primary generalized tonic-clonic seizures and partial onset seizures** with or without secondary generalization in patients ≥ 13 years of age.
- **Conversion to monotherapy** in patients ≥ 13 years of age with **partial seizures** who are receiving treatment with a single antiepileptic drug (AED).

Lamotrigine is an antiepileptic drug (AED) of the phenyltriazine class.^{1,2}

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic lamotrigine tablets, generic lamotrigine chewable dispersible tablets, generic lamotrigine extended-release tablets, and generic lamotrigine orally disintegrating tablets

Step 2: Lamictal XR, Lamictal tablets, Lamictal chewable dispersible tablets, Lamictal ODT

CRITERIA

1. If a patient has tried one Step 1 product, approve a Step 2 Product.
2. No other exceptions are recommended.

REFERENCES

1. Lamictal[®] tablets, chewable dispersible tablets, and Lamictal[®] ODT[™] [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2020.
2. Lamictal[®] XR[™] extended-release tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2020.