

## Fycompa (Perampanel) Criteria

Revised 07/10/2024

### FYCOMPA (PERAMPANEL)

**Length of Authorization:** 1 year

#### CHILDREN – CRITERIA TO APPROVE

- **All** the following:
  - **One** of the following:
    - Age ≥ 4 years with a diagnosis of partial onset seizures; **OR**
    - Age ≥ 12 years with a diagnosis of primary generalized tonic-clonic seizures; **AND**
  - Prescriber is a neurologist or consult notes from a neurology office are provided.

#### ADULTS – CRITERIA TO APPROVE

- **All** the following:
  - Age ≥ 18 years; **AND**
  - **One** of the following diagnoses:
    - Partial onset seizures; **OR**
    - Primary generalized tonic-clonic seizures; **AND**
  - Prescriber is a neurologist or consult notes from a neurology office are provided.

#### ADULTS – RENEWAL CRITERIA

- **All** the following:
  - Member is responding well to therapy.
  - Patient has not experienced any treatment-restricting adverse effects.

## REVISION HISTORY

Date	Issues/Updates
07/10/2024	<ul style="list-style-type: none"><li>Initial draft creation</li></ul>

Orange Text = Emphasis   Blue Text = Hyperlinks   Red Text = New Info   Green Text = Auto PA