

Fycompa (Perampanel) Criteria

Revised 07/10/2024

FYCOMPAN (PERAMPANEL)

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

All the following:

- **One** of the following:
 - Age \geq 4 years with a diagnosis of partial onset seizures; **OR**
 - Age \geq 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 \geq 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	• Initial draft creation