

Program: Lamictal

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Lamictal prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Applicable lines of business

RlteCare and Managed Pharmacy

Formulary

Lamictal

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: Lifetime

APPROVAL CRITERIA

I. Requests for Lamictal may be approved if the patient meets the following criteria:

- A. Patient has had an inadequate treatment response to or adverse event with a trial of generic lamotrigine
- B. Patient is currently stabilized on the requested medication and not a candidate for a change in therapy

Look Back Criteria in Claims System

365 day look back for a 5 days supply of generic lamotrigine OR 60 day look back for continuation of current therapy; if yes, approve, if no, reject for PA