

**levetiracetam ER oral (ELEPSIA XR)**

**Diagnosis Considered for Coverage:**

- Partial Onset Seizure

**Coverage Criteria:**

**For new start and diagnosis of seizures, approve if:**

- Patient is currently taking multiple levetiracetam er tablets per day and request is to reduce pill burden (dose consolidation), **and**
- Dose does not exceed 3000 mg per day.

**Coverage Duration:** one year

Effective Date: 6/28/2023