

topiramate oral solution (EPRONTIA)

Diagnoses Considered for Coverage:

- Seizures associated with Lennox-Gastaut syndrome
- Partial Onset Seizure
- Primary Generalized Tonic-Clonic Seizures
- Prevention of migraine headaches

Coverage Criteria:

For diagnoses listed above:

- Patient unable to use topiramate tablets or capsules, **and**
- Dose does not exceed 400 mg (16 ml) per day.

Coverage Duration: one year

Effective Date: 6/28/2023