

lamotrigine, extended release tablet (LAMICTAL XR)

Diagnosis Considered for Coverage:

- Adjunctive therapy for primary generalized tonic-clonic seizures
- Partial seizures (Adjunct or Monotherapy)

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerance to generic regular release lamotrigine,
and
- Dose does not exceed 600 mg per day.

Coverage Duration:

Titration kit: One time

All other strengths: one year

Effective Date: 6/28/2023