

## levetiracetam oral-dissolving tablet (SPRITAM)

### Diagnoses Considered for Coverage:

- Seizures associated with Juvenile Myoclonic Epilepsy
- Partial Onset Seizure
- Primary Generalized Tonic-Clonic Seizures

### Coverage Criteria:

#### For diagnoses listed above:

- Medical rationale why patient is unable to use generic levetiracetam oral solution and tablet formulations, **and**
- Dose does not exceed FDA approved dosing.

**Coverage Duration:** one year

Effective Date: 6/28/2023