Title: Ezogabine (Potiga)
Policy #: Rx.01.119

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:
Ezogabine (Potiga) is indicated as adjunctive treatment of partial-onset seizures in patients aged 18 years and older.
The use of Ezogabine (Potiga) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:
The mechanism by which ezogabine exerts its therapeutic effects has not been fully elucidated.

Policy:
Ezogabine (Potiga) is approved when all of the following inclusion criteria are met:

• Documentation of a diagnosis of partial onset seizures
• Documentation of concurrent use of at least one other anti-convulsant medication
• Documentation of age 18 years of age or older

Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Generic Name</th>
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<tr>
<td>Potiga</td>
<td>Ezogabine</td>
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**Cross References:**

**Policy Version Number:**

P&T Approval Date:        July 12, 2012
Policy Effective Date:    October 01, 2012
Next Required Review Date: July 12, 2013

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