

# PHARMACY GUIDELINE – 22

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## UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

### PHARMACY REFERRAL GUIDELINE

#### **TOPAMAX® (TOPIRIMATE) FOR MIGRAINE PROPHYLAXIS**

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- FDA Approved Indications
  - Migraine; prophylaxis
  - Lennox-Gastaut syndrome; adjunct
  - Partial seizure, initial monotherapy
  - Partial seizure; adjunct
  - Tonic-clonic seizure, primary generalized; adjunct
  - Tonic-clonic seizure, primary generalized (initial monotherapy)
- Formulary Alternatives
  - Beta Blockers
  - Valproic Acid
  - Calcium Channel Blockers
  - Tricyclic Antidepressants
- Guidelines for Use
  - Requires prior authorization
  - Must have documented failure (lack of efficacy or intolerance) to two formulary alternatives.

*Approved by the Pharmacy and Therapeutics Committee 3/07; Reviewed 1/08, 5/09*