

Pharmacy Drug Policy Checklist

POLICY NAME	Spritam (levetiracetam) ODT Step-Edit	POLICY #	2511P
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Criteria

Step-Edit Criteria

- ☐ 1.1 A previous paid claim at the pharmacy of levetiracetam solution, tablets, or capsules
- ☐ 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure on levetiracetam solution, tablets, or capsules