



Management of Epilepsy for Children & Adults

OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based practice recommendations for the diagnosis, treatment and Management of Epilepsy for Children and Adults. This CPG does not cover seizures unrelated to epilepsy, except to assist clinicians with the differentiation. The CPG discusses care management for Members with epilepsy, including Member treatment goals and assistance with implementing lifestyle modifications. It also recommends evidence-based resources for alternative care for Members who are experiencing other conditions while diagnosed with epilepsy, such as pregnancy, neurocysticercosis or HIV. Behavioral health implications are also discussed, including differentiation of psychogenic non-epileptic seizures (PNES) from epileptic seizures in Members with active psychiatric issues. In addition, the CPG outlines the organizations that WellCare aligns with regarding epilepsy and relevant Measureable Health Outcomes. This CPG is developed to respond to a high rate of readmission related to epilepsy for the WellCare population.^{1,2,3}

OVERVIEW

The term epilepsy represents a range of brain disorders that disrupt the normal pattern of neural activity, causing strange sensations, emotions or behaviors, convulsions, spasms, or unconsciousness. Not all seizures are related to epilepsy, and there are many other disorders that can mimic epilepsy such as syncope, anoxic seizures, certain psychiatric disorders, paroxysmal movement disorders, and some migraine-associated disorders. Misdiagnosis or seizure misclassification may lead to ineffective management choices. It is, therefore, critical to apply evidence-based guidelines for diagnosis of epilepsy in order to manage and treat appropriately.^{4,5}

In general, evidence-based guidelines for diagnosis require at least two seizures that were not caused by some known medical condition. However, most sources also assist the clinician in applying a defined risk assessment to diagnose with only one reported seizure.⁶ Refer to information outlined in the “Hierarchy of Support” section below for specific clinical guidelines for diagnosing epilepsy type and classifying epilepsy-related seizures.

Causes include (but are not limited to): stroke, brain tumor, traumatic brain injury, and neurocysticercosis (a parasitic disease of the nervous system and the main cause of acquired epilepsy).⁷ According to the National Institute of Neurological Disorders and Stroke, for approximately 70 percent of those diagnosed with epileptic seizures can be controlled with medication and surgical techniques. Children with epilepsy can often control seizures through ketogenic diets when medications are not successful.⁸

Hierarchy of Support

GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the American Academy of Neurology (AAN), the American Epilepsy Society (AES), and the International League Against Epilepsy (ILAE). When there are differing opinions noted by national organizations, WellCare will default to the member’s benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to the topic of epilepsy, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the International League Against Epilepsy (ILAE), American Academy of Neurology (AAN), and American Epilepsy Society (AES) on the topic of epilepsy. Highlights from their respective publications are noted below.

INTERNATIONAL LEAGUE AGAINST EPILEPSY

The International League Against Epilepsy (ILAE) offers definition, classification documents, and a diagnostic manual to assist the clinician with seizure classification, identifying etiology and epilepsy syndrome, as well as a guide to differentiate epileptic seizures from non-epileptic events. The ILAE clinically defines epilepsy as a disease of the brain defined by any of the following conditions:

1. At least two unprovoked (or reflex) seizures occurring >24 hours apart;
2. One unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years;
3. Diagnosis of an epilepsy syndrome.

Epilepsy is considered to be resolved for individuals who had an age-dependent epilepsy syndrome but are now past the applicable age or those who have remained seizure-free for the last 10 years, with no seizure medicines for the last 5 years. Within the ILAE's Diagnostic Manual, the organization classifies seizures into 2 main groups: focal and generalized, then assists the clinician by using differentiating features of a seizure to further identify the specific seizure classification. For details, see the [Seizure Classification](#)⁹ section of the Diagnostic Manual and the ILAE's [Classification Documents](#)¹⁰. In addition, please reference the ILAE regarding [etiologic classification](#)¹¹ of epilepsy; the ILAE identifies the four main categories and 18 subcategories of epilepsy and cites examples of each. Factors that complicate the task of assigning causation are also discussed.

Epilepsy syndromes have a typical age of seizure onset, specific seizure types and EEG characteristics. The identification of an epilepsy syndrome is useful as it provides information on which underlying etiologies should be considered and which anti-seizure medication(s) might be most useful. Refer to ILAE's Diagnostic Manual, [Epilepsy Syndrome](#)¹² Section, for details.

For a guide to differentiating epileptic seizures from non-epileptic events, see the [Epilepsy Imitators](#)⁵ Section of ILAE's Diagnostic Manual.

AMERICAN ACADEMY OF NEUROLOGY and AMERICAN EPILEPSY SOCIETY

The AAN and the AES collaboratively developed over 20 separate guidelines to assist the clinician with evaluation and management of epilepsy for adults, infants, children, and those with certain conditions like HIV, neurocysticercosis, or women during pregnancy. Many of these guidelines address the use of specific diagnostics based on situation. The organizations have also developed patient tools and materials to assist the clinician with communicating information about epilepsy to Members.^{2,13}

The AAN and the AES collaboratively developed a series of guidelines ([here](#)) to assist clinicians with evaluation, treatment, and patient education.² Special topics include the following:

- Unprovoked seizure in adults and children
- Epilepticus and nonfebrile seizures in children
- Pregnancy related concerns (e.g., seizure frequency, teratogenesis and perinatal outcomes, vitamin K, folic acid, blood levels, breastfeeding)
- Treatment options such as Vagus Nerve Stimulation,
- Pharmacology options (e.g., anticonvulsant prophylaxis in patients with newly diagnosed brain tumors; antiepileptic drug selection for people with HIV/AIDS; efficacy and safety of medical marijuana; efficacy and tolerability of the new antiepileptic drugs for refractory epilepsy and new

- Temporal Lobe and Localized Neocortical Resections
- Treatments related to Infantile Spasms and Parenchymal Neurocysticercosis

onset epilepsy; and the use of Felbamate for treatment of intractable epilepsy).

Evidence Based Practice

MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare's Clinical Policy Guiding Document titled *Measures of Compliance*.

NOTE: To access Clinical Policy Guiding Documents visit www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

Care Management

The goals for Care Management is to support the member's ability to self-manage epilepsy and the underlying condition if known, to minimize symptoms, complications, and the socioeconomic impacts of epilepsy, and remove barriers preventing the member from achieving those goals.

Results of a retrospective cohort study identified common factors associated with 30-day post-hospitalization urgent encounters related to epilepsy.³ The most common patient-related factors include:

- Active psychiatric symptoms (suicidal ideation, severe depression / anxiety symptoms, and psychosis) – 51%
- Medically refractory epilepsy (also referred to as drug-resistant epilepsy or DRE) – 51%
- Living alone – 29%
- Patient nonadherence with or misunderstanding of discharge / medication instructions – 10%

The most common admission- or provider-related factors include:²

- Complications from antiepileptic drug (AED) therapy (side effects) – 14%
- Discontinuing an AED upon discharge from the index hospitalization – 12%
- Initiating a new AED upon discharge from the index hospitalization – 10%

A significant opportunity to influence these contributing factors exists, through Member/caregiver education and adherence support, and integrated care management as outlined in this Care Management section of the CPG. Educate the Member and caregiver(s) on the primary symptoms they should recognize, document and report to the healthcare team. Accurate seizure descriptions greatly assist the physician with diagnosing epilepsy type and classifying epilepsy-related seizures, improving the chances of a successful treatment plan. Symptoms vary depending on type of seizure and the individual. Common symptoms are:³

Aura (warning) - beginning of a seizure:

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| <ul style="list-style-type: none"> Feeling of Déjà vu, fear/panic or pleasant/euphoric Changes in or odd smells, sounds, sights or tastes Racing thoughts | <ul style="list-style-type: none"> Blurriness, vision loss or strange visual sensations Physical: dizzy, headache, nausea, numbness, or tingling |
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Ictal phase - middle of a seizure:

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| <ul style="list-style-type: none"> Aura symptoms may also be present in ictal phase confusion, forgetfulness, loss of awareness Distracted, daydreaming, out-of-body feeling Unable to hear or sounds are strange Repeat actions: blinking, lipsmacking, hand wringing, repeating actions as before seizure | <ul style="list-style-type: none"> Trouble talking, swallowing, may drool Tremors, twitching, tensed muscles, convulsions Lack of movement or muscle tone Loss of urine or bowel Sweating, heart racing, pale or flushed skin |
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Postictal phase – end of a seizure (may last a few minutes or several hours)

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| <ul style="list-style-type: none"> Slow to respond / not able to respond right away Sleepy, feeling tired, exhausted, weak Difficulty talking or writing Feeling fuzzy, lightheaded or dizzy Confused or loss of memory | <ul style="list-style-type: none"> Feeling depressed, sad, upset, embarrassed Feeling scared or anxious Headache Nausea Thirst |
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Seek emergency care for:

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| <ul style="list-style-type: none"> Difficulty breathing or appears to be choking | <ul style="list-style-type: none"> Seizures occurring in water |
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- A seizure lasting longer than 5 minutes
- One seizure after another without regaining consciousness
- Possible injury caused during seizure
- Seizures occur closer together than usual for that person

To address underlying cause(s) of epilepsy (stroke, brain tumor or injury, CNS infection), other CPGs may be referenced to support, such as *Cardiovascular Disease (HS-1002)*, *Cancer (HS-1034)*, or *Managing Infections (HS-1037)*. For Members with active psychiatric symptoms, refer to the appropriate Behavioral Health CPGs.

Integrated care management of epilepsy involves:

- Screening for and management of behavioral health disorders and active psychiatric symptoms (see “Other Considerations” below);
- Discussing how epilepsy and its treatment may affect contraception and/or pregnancy (females, 12-44 years old);
- Assessing adherence to AEDs and discuss with Member any side-effects that may be impacting adherence;
- Physician reviewing seizure log from Member for assistance with identifying seizure classification and type of epilepsy (see ILAE [framework](#)¹⁰ and [Diagnostic Manual](#)¹⁵);
- Working with the Member to determine appropriate treatment that may range from management with AEDs and/or ketogenic diet, to epilepsy surgery – referral to a nutrition counselor is advised for Members who are prescribed a ketogenic diet;
- Evaluating efficacy of AED(s) and/or ketogenic diet to identify if epilepsy is being controlled, another AED with a different mechanism should be tried, or further evaluation for drug-resistant epilepsy (DRE) is appropriate;
- Guiding the Member with management of the underlying cause of epilepsy (if known);
- Supporting the Member’s lifestyle changes that are needed to minimize symptoms of epilepsy;
- Assisting the Member with removing barriers to social and employment issues related to epilepsy;
- Assessing coping skills and risk of depression, and share with appropriate provider(s) if risks identified.

The AHRQ endorses these integrated care management resources:

- The U.S. Department of Veterans Affairs “Quality Indicators in Epilepsy Treatment Tool ([QUIET](#))”¹⁶, a guide to the basic processes of care that are important for adults with epilepsy;
- The National Institute for Children’s Health Quality (NICHQ) Epilepsy [Resources for Providers](#)¹⁷, supporting the development of care plans and action plans for pediatric Members;
- The NICHQ’ Epilepsy [Resources for Patients and Families](#)¹⁸ of children with epilepsy, designed to help a Member’s caregivers understand epilepsy and organize their epilepsy care, including a seizure log template.

MEASURABLE HEALTH OUTCOMES

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).

1. The Member experiences no seizure activity or other epilepsy-related symptoms requiring acute medical care and intervention. CM compares the recent utilization frequency for epilepsy to the frequency prior to CM engagement. CM monitors for ED and inpatient authorization/utilization related to the primary diagnosis of epilepsy. In absence of ED and inpatient utilization, authorizations and claims data, or to otherwise demonstrate less frequent need for acute medical intervention, CM may use Provider and/or Member narrative.
2. The Member reports ≥80% fewer or lessening seizure activity over a specific period of time after the start of Case Management engagement. Member-specific goals should reference member’s frequency and length of seizures. Compare member’s responses to seizure-related assessment questions on initial and subsequent assessments.

CASE GOALS

Case Goals should target specific care gaps and/or adherence issues, and measure the member’s progress towards self-management and adherence which will lead to the targeted health outcomes above. Examples:

1. The Member / caregiver(s) participate in seizure log completion if seizure occurs, including description of symptoms and length of time seizures last. (If no seizure occurs during Case Management engagement, Member / caregiver are able to describe symptoms to recognize and what to document in seizure log.)
2. The Member is adherent to testing and diagnostics prescribed by the physician (verified by claims or

- member/provider narrative) over last 30 days.
3. The Member's prescription refills for anti-epileptic drug(s) (AED) demonstrate at least an 80% adherence rate (verified by claims or member/provider narrative) over last 30 days.
 4. For Members prescribed ketogenic diet: The Member's description of intake over the last 30 days is at least 90% compliant with ketogenic diet restrictions and allowances.
 5. Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

Other measurable health outcomes may apply based on the underlying condition causing epilepsy (stroke, brain tumor or injury, neurocysticercosis) in the individual. Refer to those other CPGs for additional options for health outcomes, such as *Cardiovascular Disease (HS-1002)*, *Cancer (HS-1034)*, or *Managing Infections (HS-1037)*. For Members with active psychiatric symptoms, refer to the appropriate Behavioral Health CPGs.

CASE MANAGEMENT OBJECTIVES

Case Management Objectives should focus on improving the member's self-management skills including:

- Keeping a seizure log, with a description of what happened before, during, and after the seizures, including how long they last. Share the record with providers who are managing epilepsy
- Ensuring family, friends and those frequently around the Member know what belongs in the seizure logbook and what to do in the event of a seizure
- Identification of seizure symptoms to document in a seizure log and report to the healthcare team (listed above)
- Seeking immediate care for emergent symptoms (listed above)
- Recognizing seizure triggers and identifying ways to avoid them
- Getting enough rest
- Minimizing stress and building healthy coping skills to manage stress
- Participating in activities and exercise safely, taking precautions as recommended by healthcare team
- Taking medications as prescribed and discussing side-effects with provider. (Do not stop medications without consulting with provider.)
- Following physician-recommended diet
- Adhering to provider visit(s) as scheduled, including behavioral health practitioner visits if applicable

The care team should also conduct risk screening and treat anxiety and depression, if applicable.¹⁶

OTHER CONSIDERATIONS

Members with active psychiatric symptoms may experience unique challenges with managing epilepsy and are at higher risk for repeat seizures and medically refractory epilepsy (also referred to as drug-resistant epilepsy). Members with active psychiatric symptoms may be non-adherent to medication regime and experience other self-management deficits. Additionally, clinicians may be challenged with differentiating epilepsy-related seizures from psychogenic non-epileptic seizures (PNES), which can be present in Members with active psychiatric symptoms. WellCare recommends providers refer to the [Epilepsy Imitators](#) section of the ILAE Diagnostic Manual for guidance on the differentiation.¹⁷ Identifying seizure type and location not only assists with building an effective seizure management regime, but also helps assess risk for a behavioral health component and potential active psychiatric symptoms. For example, fronto-temporal complex partial seizures are most likely to have a behavioral health component, whereas cortical and occipital rarely do.¹⁸

MEMBER EDUCATIONAL RESOURCES

WellCare contracts with Krames/StayWell for Member educational materials utilized by Case Managers. Items are available to review with Members to address knowledge gaps. Case Managers verbally educate Members on the topics below related to epilepsy. (Titles may also be sent to the member).

NOTE: Links are internal for WellCare Care Management staff.

- Seizures and Epilepsy
- Treating Epilepsy: Medicines
- Partial Seizures: Staying Healthy
- Epilepsy: How Seizures Affect the Body

- Diagnosing Epilepsy
- Medicines for Partial Seizures
- Self-Care for Epilepsy
- Living Well with Epilepsy
- Epilepsy: Safety During a Seizure
- Partial Seizures: Know What to Do
- Coping with Seizures in Children
- First Aid: Seizures
- What Is a Partial Seizure?

These materials are in the approval process and will be available for member educational mailing in the future. Providers may wish to research the titles above related to epilepsy that Case Managers utilize with Members.

Related WellCare Guidelines

In addition to the information contained in this document, please reference the following CPGs to address underlying cause(s) of epilepsy (e.g., stroke, brain tumor or injury, CNS infection): *Cardiovascular Disease (HS-1002)*, *Cancer (HS-1034)*, or *Managing Infections (HS-1037)*. For Members with active psychiatric symptoms, refer to the appropriate Behavioral Health CPGs.

NOTE: Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

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*Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
1/11/2018	<ul style="list-style-type: none"> Approved by MPC. No changes.
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