PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

APTIOM
(eslicarbazepine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization ***Ref # 1083-A***

** Drugs that are listed in the target drug box include both brand and generic and all dosages forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.*

FDA-APPROVED INDICATIONS

Aptiom is indicated for the treatment of partial-onset seizures in patients 4 years of age and older.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for partial-onset seizures in a patient 4 years of age or older

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Aptiom is indicated for the treatment of partial-onset seizures in patients 4 years of age and older.[1-3]

REFERENCES

1. Aptiom [package insert]. Marlborough, MA: Sunovion Pharmaceuticals, Inc.; March 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed May 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed May 2019.

Written by:	UM Development (SE)
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External Review:	02/2014, 10/2014, 10/2015, 10/2016, 10/2017, 10/2018, 10/2019

CRITERIA FOR APPROVAL

1	Is the requested drug being prescribed for partial-onset seizures in a patient 4 years of age or older?	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS – DO NOT USE FOR MEDICARE PART D**
1.	Approve, 36 Months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when you meet all of these conditions: - You have partial-onset seizures - You are 4 years of age or older Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]