PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

BRIVIACT
(brivaracetam)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization ***Ref # 1337-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

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

As the safety of Briviact injection in pediatric patients has not been established, Briviact injection is indicated for the treatment of partial-onset seizures only in adult patients (16 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 treatment of partial-onset seizures in a patient 16 years of age or older

OR

Briviact (brivaracetam) tablets or oral solution is being prescribed for the treatment of 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. Briviact (brivaracetam) is indicated for the treatment of partial-onset seizures in patients 4 years of age and older. As the safety of Briviact (brivaracetam) injection in pediatric patients has not been established, Briviact injection is indicated for the treatment of partial-onset seizures only in adult patients (16 years of age and older).[1-3]

REFERENCES

1. Briviact [package insert]. Smyrna, GA: UCB, Inc; May 2018.
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 (CF)
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CRITERIA FOR APPROVAL

1	Is the requested drug being prescribed for the treatment of partial-onset seizures in a patient 16 years of age or older? [If yes, then no further questions.]	Yes	No
2	Is the request for Briviact (brivaracetam) tablets or oral solution?	Yes	No
3	Is Briviact (brivaracetam) tablets or oral solution being prescribed for the treatment of 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, 12 months	Go to 2	
2.	Go to 3	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 16 years of age or older Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]
3.	Approve, 12 months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when you meet all of these conditions: - You are using Briviact tablets or oral solution for 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]