

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

APTIOM
(eslicarbazepine)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

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

REFERENCES

1. Aptiom [package insert]. Marlborough, MA: Sunovion Pharmaceuticals, Inc.; December 2017.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed May 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2018.