

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

BRIVIACT
(brivaracetam)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

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

REFERENCES

1. Briviact [package insert]. Smyrna, GA: UCB, Inc; May 2018.
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.