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

- Briviact [package insert]. Smyrna, GA: UCB, Inc; May 2018.
- 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.
- Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2018.

Briviact Policy 1337-A 05-2018

pharmaceutical manufacturers not affiliated with CVS Caremark.

©2018 CVS Caremark. All rights reserved.



This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written