

## Eslicarbazepine (generic Aptiom)

### POLICY

#### I. CRITERIA FOR INITIAL APPROVAL

An authorization may be granted when all the following criteria are met:

- The prescriber is a neurologist or prescribed in consultation with a neurologist
- The patient is 4 years of age or older
- The medication is used for the treatment of partial-onset seizures
- Documentation that the patient has had a trial of at least 2 other antiepileptic drugs titrated to an appropriate maintenance dose or documented failure of at least two other antiepileptic drugs due to intolerable side effects
- Prescriber is aware and counseled the patient on the potential for the side effect of Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity
- Documentation of seizure frequency is provided

#### II. CRITERIA FOR CONTINUATION OF THERAPY

Eslicarbazepine tablets will continue to pay within the quantity limit after the initial approval if there is at least one paid claim of at least a 28-day supply within the last 365 days for eslicarbazepine or the member has documentation of a positive clinical response (e.g., decrease in seizure frequency).

#### III. QUANTITY LIMIT

- Eslicarbazepine 200mg tablet: 1.5 tablets per day
- Eslicarbazepine 400mg and 600mg tablet: 1 tablet per day
- Eslicarbazepine 800mg tablet: 2 tablets per day

#### IV. COVERAGE DURATION

- 12 months

#### V. REFERENCES

1. Aptiom (eslicarbazepine) [package insert]. Marlborough, MA: Sumitomo Pharma America, Inc.; March 2019.