

## Brivaracetam (generic Briviact)

### 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 1 month 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 neurological and psychiatric adverse reactions as well as serious dermatologic reactions
- Documentation of seizure frequency is provided

#### II. CRITERIA FOR CONTINUATION OF THERAPY

- Brivaracetam tablets and oral solution 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 brivaracetam or the member has documentation of a positive clinical response (e.g., decrease in seizure frequency).

#### III. QUANTITY LIMIT

- Brivaracetam 10mg, 25mg, 50mg, 75mg, 100mg tablets: 2 tablets per day
- Brivaracetam 10mg/ml oral solution: 20 ml per day

#### IV. COVERAGE DURATION

- 12 months

#### V. REFERENCES

1. Briviact (Brivaracetam) [package insert]. Smyrna, GA: UCB, Inc.; August 2025.