

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 request is for Briviact (brivaracetam) tablets or oral solution and is being prescribed for the treatment of partial-onset seizures in a patient 4 years of age or older

OR

- The request is for Briviact (brivaracetam) injectable and is being prescribed for the treatment of partial-onset seizures in a patient 16 years of age or older

REFERENCES

1. Briviact [package insert]. Smyrna, GA: UCB, Inc; May 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed May 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed May 2020.