



## Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2021

**Prior Authorization:** Briviact

**Products Affected:** Briviact 25mg, 50mg, 75mg, 100mg oral tablets

**Medication Description:** The precise mechanism by which brivaracetam exerts its antiepileptic activity is unknown. Brivaracetam displays a high and selective affinity for synaptic vesicle protein 2A (SV2A) in the brain, which may contribute to the antiepileptic effect.

**Covered Uses:** Indicated for the treatment of partial-onset seizures in patients 4 years of age and older

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Age Restrictions:** 4 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** Initial and Continuation: 12 months

**Other Criteria:**

**Partial-Onset Seizure**

**Initial**

- A. Patient has a diagnosis of partial-onset seizures; **AND**
- B. Patient has a documented intolerance to, contraindication, or treatment failure with TWO of the following medications: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid, and zonisamide

**Continuation**

- A. Patient has a diagnosis of partial-onset seizures; **AND**
- B. Patient is responding positively to therapy

**References:**

1. Briviact (brivaracetam) [prescribing information]. Smyrna, GA: UCB; May 2018.

**Policy Revision history**

January 2021



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Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2021