

The drug, Briviact (brivaracetam), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by or in consultation with a neurologist
- Must be age 4 years and older
- Must have a diagnosis of partial-onset seizures
- Must have had an inadequate response or intolerance to at least 2 generic antiepileptic drugs
- Must not be given with levetiracetam (Keppra)
- Must have an evaluation by a psychiatrist prior to the use of brivaracetam (Briviact) if the member has a history of psychiatric symptoms including anger, aggression, hostility, irritability, suicidal ideation, and homicidal ideation OR if the member is currently undergoing psychiatric treatment. These patients must also be followed concurrently by a psychiatrist while on brivaracetam (Briviact). Chart documentation must be provided

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
Briviact tablet	60 tablets per 30 days
Briviact 10 mg/mL	600mL per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Briviact [Prescribing information]. UCB, Inc. Smyrna, GA. May 2018..

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



Briviact (brivaracetam)
POLICY NUMBER: RX.PA.424.E
REVISION DATE: 05/18
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REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Criteria update</i>	<i>07/16, 01/18, 05/18</i>
<i>Annual Review</i>	<i>02/16, 02/17, 02/18</i>

