Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Brivaracetam (Briviact)

Notes:

^ Adequate trial is defined as 1-month treatment duration
* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
+ Antiepileptic medication for treatment of partial (focal) onset seizures include: carbamazepine, felbamate, gabapentin, lamotrigine, phenytoin, pregabalin, tiagabine, topiramate, oxcarbazepine, valproate, and zonisamide

Initiation (new start) criteria: Non-formulary brivaracetam (Briviact) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a neurologist
- Diagnosis of partial (focal) onset seizures on Problem List
- Patient has failed an adequate trial^ of, or patient has an allergy or intolerance* to levetiracetam, and at least one other antiepileptic medication indicated for partial (focal) onset seizures+
- Currently treated with 2 or more antiepileptic medications

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary brivaracetam (Briviact) will be covered on the prescription drug benefit when the following criteria are met:

- See Initiation Criteria

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Non-formulary brivaracetam (Briviact) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of seizures or epilepsy
- Patient has failed an adequate trial^ of, or patient has an allergy or intolerance* to levetiracetam and at least one other antiepileptic medication indicated for partial onset seizures+
- Receiving concomitant treatment with at least 2 other antiepileptic medications

Continued use criteria: Non-formulary brivaracetam (Briviact) will continue to be covered on the prescription drug benefit when the following criteria are met:
Brivaracetam (Briviact)

- Not applicable

**Continued use criteria for patients stable on the medication:** Non-formulary brivaracetam (Briviact) will continue to be covered on the prescription drug benefit for when the following criteria are met:

- Not applicable