Oscar Clinical Guideline: Briviact (brivaracetam) Tablet, Solution (PG172, Ver. 2)

Briviact (brivaracetam) Tablet, Solution

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Partial-onset seizures, also known as focal seizures, start in a specific area or 'focus' in the brain. These seizures can further be categorized into two types: focal onset aware seizures, where the individual remains conscious and aware throughout the seizure, and focal onset impaired awareness seizures, where the individual's awareness is impacted during the seizure. The specific symptoms of a partial-onset seizure can vary widely depending on the area of the brain where the seizure originates.

Briviact (brivaracetam) is a prescription medication that is used to treat partial-onset seizures. It is indicated for use in patients who are 1 month of age and older. Brivaracetam operates by binding to synaptic vesicle protein 2A (SV2A) in the brain, which is thought to play a role in the release of neurotransmitters. By doing so, it helps to reduce the excessive electrical signals in the brain that can lead to seizures.

Briviact (brivaracetam) can be used alone or in conjunction with other anti-seizure medications. The exact dosage and administration of brivaracetam will depend on the specific needs of the patient, including their age, weight, and overall health status.

Definitions

"**Antiepileptic Drugs**" Medications used to prevent or reduce the severity and frequency of seizures in various types of epilepsy.

"**Partial seizures**" are an older term that has been used to describe seizures that start in a specific part of the brain. The term "partial" reflects the fact that these seizures are localized to a specific area at the onset.

"**Focal seizures**" is a term that has been more recently adopted by the International League Against Epilepsy, replacing "partial seizures." This term is more descriptive of the fact that the seizure originates from a specific 'focus' in the brain.

"**Partial-onset Seizures (Focal Seizures)**" are seizures that begin in a specific region or 'focus' of the brain. They can be further categorized into:

- **Focal Onset Aware Seizures**: Seizures where the individual remains conscious and aware throughout the event.
- **Focal Onset Impaired Awareness Seizures**: Seizures that impact an individual's consciousness or awareness during the event.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Briviact (brivaracetam)** medically necessary when **ALL** of the following criteria are met:

1. The medication is prescribed by or in consultation with a neurologist or epilepsy specialist; ***AND***
2. The member has a diagnosis of focal seizures (i.e., partial-onset seizures, partial seizures); ***AND***
3. The member has documented evidence of inadequate seizure control with at least two alternate antiepileptic drugs at maximally tolerated doses. These may include, but are not limited to, the following:
    a. Carbamazepine; ***and/or***
    b. Divalproex; ***and/or***
    c. Fosphenytoin; ***and/or***

d. Lamotrigine; ***and/or***
e. Levetiracetam; ***and/or***
f. Oxcarbazepine; ***and/or***
g. Phenobarbital; ***and/or***
h. Phenytoin; ***and/or***
i. Pregabalin; ***and/or***
j. Topiramate; ***and/or***
k. Valproic acid; ***and/or***
l. Zonisamide; ***AND***

4. **IF** the request is for Briviact (brivaracetam) 10mg/mL Solution, documentation indicating the member's inability or unwillingness to take the tablet form; ***AND***
5. Briviact (brivaracetam) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines.

If the above prior authorization criteria are met, the requested product will be authorized for 12-months.

Medical Necessity Criteria for Reauthorization

Reauthorization for 12 months will be granted if the member has recent (within the last 3 months) clinical chart documentation demonstrating **ALL** of the following criteria:

1. The requested medication is prescribed by or in consultation with a neurologist or epilepsy specialist; ***AND***
2. The member has experienced a documented improvement in seizure control validated by clinical documentation showing:
    a. Decreased seizure frequency from baseline***; OR***
    b. Decreased seizure severity from baseline***; OR***
    c. Decreased seizure duration from baseline.

Experimental or Investigational / Not Medically Necessary

Briviact (brivaracetam) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Neuropathic Pain.
- Other forms of Epilepsies.

- Postherpetic Neuralgia.
- Spinal Cord Injuries.

References

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