

brivaracetam (BRIVIACT)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Treatment of Partial Onset Seizure
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Inadequate response, intolerable side effect, or contraindication to levetiracetam (Keppra), and• Dose does not exceed 200 mg per day.
Coverage Duration: one year

Effective Date: 6/28/2023