

PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

APTIOM
(eslicarbazepine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

* Drugs that are listed in the target drug box include both brand and generic and all dosages forms and strengths unless otherwise stated

POLICY

FDA-APPROVED INDICATIONS

Aptiom (eslicarbazepine acetate) is indicated for the treatment of partial-onset seizures as monotherapy or adjunctive therapy.

COVERAGE CRITERIA

Aptiom (eslicarbazepine acetate) will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for partial-onset seizures as monotherapy or adjunctive therapy

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Aptiom is for the treatment of partial-onset seizures as monotherapy or adjunctive therapy.¹⁻³

REFERENCES

1. Aptiom [package insert]. Marlborough, MA: Sunovion Pharmaceuticals, Inc.; August 2015.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed May 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2017.

