Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Aptiom

Products Affected: Aptiom (eslicarbazepine acetate) oral tablet

Medication Description: Aptiom is a prodrug metabolized to eslicarbazepine, an anticonvulsant, which is thought to inhibit voltage-gated sodium channels.

Covered Uses: Partial-onset seizures in patients 4 years of age and older.

Exclusion Criteria:

1. Hypersensitivity to eslicarbazepine acetate OR oxcarbazepine.

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 4 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist.

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of partial-onset seizures
2. Patient has a history of greater than or equal to 8 week trial of at least **two** of the following (any release formulation qualifies): carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, pregabalin, topiramate, valproic acid, zonisamide; AND
    a. Documented history of persisting seizures after titration to the highest tolerated dose with each medication trial (lack of compliance as a reason for treatment failure has been ruled out); OR
    b. Documentation of failure due to intolerable side effects. Reasonable efforts we made to minimize the side effect (e.g. change timing of dosing, divide dose out for more frequent but smaller doses, etc.)

References:

Product Information: APTIOM(R) oral tablets, eslicarbazepine acetate oral tablets. Sunovion Pharmaceuticals Inc (per manufacturer), Marlborough, MA, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2020