

CARE VALUE POLICY

- POLICY:** Antiseizure Medications – Levetiracetam, Brivaracetam Care Value Policy
- Briviact[®] (brivaracetam tablets and oral solution – UCB)
 - Elepsia[™] XR (levetiracetam extended-release tablets – Tripoint)
 - Keppra[®] (levetiracetam tablets and oral solution – UCB, generic)
 - Keppra XR[®] (levetiracetam extended-release tablets – UCB, generic)
 - Roweepra[®] (levetiracetam tablets – OWP [branded generic])
 - Roweepra XR[™] (levetiracetam extended-release tablets – OWP [branded generic])
 - Spritam[®] (levetiracetam tablets for oral suspension – Prasco)

REVIEW DATE: 10/30/2024

OVERVIEW

Levetiracetam is an antiseizure medication (ASM); the immediate-release tablets and oral solution (Keppra, generic) are indicated for the treatment of:¹

- **Partial-onset seizures** in patients \geq 1 month of age.
- **Myoclonic seizures**, as adjunctive therapy in patients \geq 12 years of age with juvenile myoclonic epilepsy.
- **Primary generalized tonic-clonic seizures**, as adjunctive therapy in patients \geq 6 years of age with idiopathic generalized epilepsy.

Levetiracetam extended-release tablets (Keppra XR, generic; Elepsia XR) are indicated for the treatment of **partial-onset seizures** in patients \geq 12 years of age.^{2,7}

Spritam is indicated as adjunctive therapy in the treatment of:³

- **Partial-onset seizures** in patients \geq 4 years of age and weighing $>$ 20 kg with epilepsy.
- **Myoclonic seizures**, as adjunctive therapy in patients \geq 12 years of age with juvenile myoclonic epilepsy.
- **Primary generalized tonic-clonic seizures**, as adjunctive therapy in patients \geq 6 years of age with idiopathic generalized epilepsy.

Roweepra (levetiracetam tablets) and Roweepra XR (levetiracetam extended-release tablets) are branded generics to Keppra tablets and Keppra XR, respectively, with the same indications.^{4,5}

Briviact is an ASM that is indicated for the treatment of **partial-onset seizures** in patients \geq 1 month of age.⁶ Briviact has a similar mechanism of action as that of levetiracetam.^{1,6} Both ASMs display a high and selective affinity for synaptic vesicle protein 2A (SV2A) in the brain, which may contribute to their anticonvulsant effect by modulating neurotransmitter release into the synapse. Unlike levetiracetam, Briviact is a controlled substance (C-V).

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic carbamazepine (tablets, chewable tablets, ER tablets, ER capsules, oral suspension), generic divalproex (DR capsules, DR tablets, ER tablets), generic ethosuximide (capsules, oral solution), generic felbamate (tablets, oral solution), generic gabapentin (capsules, tablets, oral solution), generic lamotrigine (tablets, chewable tablets, ER tablets, ODT tablets), generic levetiracetam (tablets, ER tablets, oral solution), generic oxcarbazepine (tablets, oral suspension), generic phenytoin (ER capsules, chewable tablets, oral suspension), generic pregabalin (capsules, oral solution), generic rufinamide oral suspension, generic tiagabine tablets, generic topiramate (capsules, ER capsules, tablets), generic valproic acid (capsules, DR capsules, oral solution), generic vigabatrin (tablets, powder for oral solution), generic zonisamide capsules, Roweepra, Roweepra XR
Note: ER – Extended-release; DR – Delayed –release; ODT – Orally-disintegrating tablet.

Step 2: Briviact, Elepsia XR, Keppra, Keppra XR, Spritam

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient is currently taking or has taken Briviact at any time in the past and discontinued its use, approve Briviact.
3. No other exceptions are recommended.

REFERENCES

1. Keppra® tablets and oral solution [prescribing information]. Smyrna, GA: UCB; March 2024.
2. Keppra XR® extended-release tablets [prescribing information]. Smyrna, GA: UCB; March 2024.
3. Spritam® tablets for oral suspension [prescribing information]. Mason, OH: Prasco; June 2024.
4. Roweepra® tablets [prescribing information]. Naperville, IL: OWP; April 2024.
5. Roweepra XR™ extended-release tablets [prescribing information]. Naperville, IL: OWP; October 2020.
6. Briviact® tablets, oral solution, and injection [prescribing information]. Smyrna, GA: UCB; May 2023.
7. Elepsia™ XR extended-release tablets [prescribing information]. Westfield, NJ: Tripoint; March 2024.

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|------------------|--------------------|-------------|
| New Policy | -- | 10/30/2024 |