

Policy Name:	Aptiom Step-Edit	Policy #:	2229P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Aptiom.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Aptiom when the following step-edit criteria have been met.

Criteria

1. Aptiom Step-Edit

- 1.1 An electronic step-edit is in place that requires a previous paid claim of oxcarbazepine prior to coverage of Aptiom.
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure, intolerance, or contraindication to oxcarbazepine.

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Andres M. Kanner, Eric Ashman, David Gloss, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy. *Neurology* Jul 2018, 91 (2) 74-81.
2. Andres M. Kanner, Eric Ashman, David Gloss, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs II: Treatment-resistant epilepsy. *Neurology* Jul 2018, 91 (2) 82-90.
3. Aptiom [package insert]. Marlborough, MA: Sunovion Pharmaceuticals. March 2019.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not

intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.