

Generic Name: Lacosamide

Therapeutic Class or Brand Name: Vimpat®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 726000360003 – Tablet
726000360020 – Solution (IV and PO)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/29/2020

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when ALL of the following criteria are met)

- I. Documented diagnosis of partial-onset seizure.
- II. Minimum age requirement:
 - A. Oral tablets and solution: 4 years old.
 - B. Intravenous injection: 17 years old.
- III. Failure of 2 preferred alternatives (see Appendix A for examples) unless contraindicated or experienced clinically significant adverse effects.
- IV. Prescribed by or in consultation with a neurologist.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- Not recommended for use in patients with severe hepatic impairment; dosage adjustment required for mild to moderate hepatic impairment. Further dosage adjustment may be necessary in patients with hepatic impairment taking concomitant strong CYP3A4 and/or CYP2C9 inhibitors.
- Use caution in patients with renal impairment; dosage adjustment required for severe renal impairment (CrCl \leq 30 mL/minute) and supplementation may be necessary in hemodialysis. Patients with any degree of renal impairment taking concomitant strong CYP3A4 and/or CYP2C9 inhibitors may require dosage adjustment.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 50 mg, 100 mg, 150 mg, 200 mg tablets: Up to 60 tablets per 30 days.
- 10 mg/mL oral solution: Up to 30 day supply.
- 200 mg/20 mL single-dose vial for intravenous injection
 - Maximum dose:

- Adults (17 years and older): 400 mg day.
- Pediatric patients weighing 50 kg or more: 400 mg per day.
- Pediatric patients weighing 30 kg to less than 50 kg: 8mg/kg/day
- Pediatric patients weighing 11 kg to less than 30 kg: 12 mg/kg/day

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Appendix A: Therapeutic Alternatives	
Anticonvulsants for partial seizures	carbamazepine (Tegretol®), felbamate (Felbatol®), gabapentin (Neurontin®), lamotrigine (Lamictal®), levetiracetam (Keppra®), oxcarbazepine (Trileptal®), phenytoin (Dilantin®), phenobarbital, tiagabine (Gabitril®), topiramate (Topamax®), valproic acid (Depakene®), divalproex sodium (Depakote®), zonisamide (Zonegran®)

REFERENCES

1. Vimpat® (Lacosamide) [package insert]. Smyrna, GA: UCB, Inc.; February 2020. Available at: <https://www.vimpat.com/vimpat-prescribing-information.pdf>.
2. Kanner AM, Ashman E, Gloss D, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. *Neurology*. 2018;91(2):74-81.
3. Medispan.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.