



Prior Authorization Approval Criteria

Vimpat (lacosamide)

- Generic name:** Lacosamide
- Brand name:** Vimpat
- Medication class:** anticonvulsant
- FDA-approved uses:** **tablets:** adjunctive therapy of partial-onset seizures
Injectable: adjunctive therapy of partial-onset seizures when oral administration is temporarily not feasible.
- Available dosage forms:** 50 mg, 100 mg, 150 mg and 200 mg tablets
200 mg/20 ml vial for injection
- Usual dose:** **tablets and injectable:** 50 mg twice a day to start. May be increased up to 400 mg/day. Patients with severe renal impairment (crcl \leq 30ml/min) and in patients with endstage renal disease the maximum daily dose is 300 mg/day. Patients with hepatic impairment the maximum daily dose is 300 mg/day.
- Approximate monthly cost:** \$265.80-\$483.60/month for the tablets
(based on AWP 2009) (based on a dose of 50 mg twice daily-200 mg twice daily)
\$1308.00/month for the injection (cost of one vial is \$43.60)
(based on a dose of 200 mg/day)
- Duration of therapy:** indefinite
- Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):
- Must have a confirmed diagnosis of partial-onset seizures.
 - Must be prescribed by a neurologist.
 - Must be refractory to at least 2 other anticonvulsants.
 - Must be 17 years of age or older.
- Contraindication:**
- None at this time.
- Not approved if:**
- Does not meet the above stated criteria.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 06/10/09