

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lacosamide (Vimpat)

Notes:

^ Adequate trial is defined as 1-month treatment duration

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **lacosamide (Vimpat)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a neurologist **-AND-**
- Prescribed for the treatment of focal-onset (aka partial-onset) or generalized seizures **-AND-**
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to at least 3 other anticonvulsant medications

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:* Non-formulary **lacosamide (Vimpat)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed for the treatment of seizures **-AND-**
- Patient currently stable on medication