

## Policies Repository



**Policy Title** Lacosamide (Vimpat) (Oral)

**Policy Number** FS.CLIN.81

*Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.*

*This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.*

*Members are advised to use participating pharmacies in order to receive the highest level of benefits.*

**Policy** Lacosamide (Vimpat) tablets are indicated for the adjunctive treatment of partial onset seizures in patients 17 years of age or older.

The use of Lacosamide (Vimpat) tablets require prior authorization (ie clinical pharmacy and/or Medical Director review).

**Policy Description** The exact mechanism by which Lacosamide (Vimpat) exerts its antiepileptic effects is not completely understood. Lacosamide (Vimpat) is thought to work by selectively enhancing slow inactivation of voltage-gated sodium channels, resulting in stabilization of hyperexcitable neuronal membranes and inhibition of repetitive neuronal firing.

**Policy Guideline Inclusion** Lacosamide (Vimpat) is approved when **all** of the following inclusion criteria are met:

- Documentation of a diagnosis of partial onset seizures
- Documentation of concurrent use of at least one other anti-convulsant medication
- Documentation of age 17 years of age or older

**Policy Guideline Exclusion** Lacosamide (Vimpat) is denied when **any** of the following exclusion criteria are present:

- No documentation of a diagnosis of partial onset seizures
- No documentation of concurrent use of at least one other anti-convulsant medication
- Age less than 17

**Policy List of Applicable Drugs**

Brand name	Generic name
Vimpat	Lacosamide

**Dosing and Administration** Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

**Policy References** Ben-Mencahem E, Biton V, Jatuzis D, et al. Efficacy and safety of oral lacosamide as adjunctive therapy in adults with partial onset seizures. *Epilepsia*; 48(7) 2007:1308-1317.

Inteleos Website [Vimpat]. Available at [www.inteleos.com](http://www.inteleos.com). Accessed April 1, 2009.

Rauck R, Shaibani A, Biton V, et al. Lacosamide in painful diabetic peripheral neuropathy: a phase 2 double blind placebo controlled study. Clin J Pain; 2007. Abstract

Vimpat [Package insert]. Smyrna, GA: UCB Inc; 2008.

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### Policy Link to Related Policies

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