

Policies Repository



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Policy Title	Lacosamide (Vimpat) (Oral)
Policy Number	FS.CLIN.10

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 and age, gender or quantity restrictions. 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	<p>Lacosamide (Vimpat) (oral) is indicated for the adjunctive treatment of partial onset seizures in patients 17 years of age or older.</p> <p>The use of Lacosamide (Vimpat) (oral) require prior authorization (i.e. clinical pharmacy and/or medical director review).</p>
Policy description	<p>The exact mechanism by which Lacosamide (Vimpat) (oral) exerts its antiepileptic effects is not completely understood. Lacosamide (Vimpat) (oral) 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.</p>
Policy guideline inclusion	<p>Lacosamide (Vimpat) (oral) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • 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	<p>Lacosamide (Vimpat) (oral) is denied when any of the following exclusion criteria are present:</p> <ul style="list-style-type: none"> • 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	<table border="1"> <thead> <tr> <th>Brand name</th> <th>Generic name</th> </tr> </thead> </table>	Brand name	Generic name
Brand name	Generic name		

Applicable Drugs	Vimpat (oral) lacosamide (oral)
Dosing and Administration	Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.
Policy references	<p>Ben-Mencahem E, Biton V, Jatuzis D, et al. Efficacy and safety of oral lacosamide as adjunctive therapy in adults with partial onset seizures. <i>Epilepsia</i>; 48(7) 2007:1308-1317.</p> <p>Inteleos Website [Vimpat]. Available at www.inteleos.com. Accessed May 16, 2011.</p> <p>Rauck R, Shaibani A, Biton V, et al. Lacosamide in painful diabetic peripheral neuropathy: a phase 2 double blind placebo controlled study. <i>Clin J Pain</i>; 2007. Abstract</p> <p>Vimpat [Package insert]. Smyrna, GA: UCB Inc; April 2010.</p> <p>Vimpat (Lacosamide). In: Facts and Comparisons [online through Facts and Comparisons Online]. Indy, IN: Walter Kluwer Health Inc. http://factsandcomparisons.com Accessed May 16, 2011.</p> <p>Vimpat (Lacosamide). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. https://www.thomsonhc.com Accessed May 16, 2011.</p>
Policy Link to Related Policies	
Version effective date	07/01/2011

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