

Vimpat (lacosamide) Criteria

Revised: 07/10/2024

VIMPAT (LACOSAMIDE)

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

All the following:

- **One** of the following:
 - Age \geq 1 month with a diagnosis of partial onset seizures; **OR**
 - Age \geq 4 years with a diagnosis of primary generalized tonic-clonic seizures; **AND**
- Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – CRITERIA TO APPROVE

All the following:

- Age \geq 18 years
- **One** of the following:
 - Diagnosis of partial onset seizures as adjunctive therapy; **OR**
 - Diagnosis of primary generalized tonic-clonic seizures; **AND**
- Prescriber is a neurologist or consult notes from a neurology office are provided.

ADULTS – RENEWAL CRITERIA

All the following:

- Member is responding well to therapy.
- Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
07/10/2024	• Initial draft creation

Orange Text = Important Information | **Teal Text = Auto PA**

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