



**Drug Name:** Vimpat (lacosamide)

**Reviewed:** 11/2019

<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>The member has trialed and experienced an inadequate treatment response or intolerance to formulary carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide</li> </ul>
<b>Age Restriction:</b>	<ul style="list-style-type: none"> <li>Oral formulation approved for 4 years of age and older</li> <li>IV formulation approved for 17 years of age and older</li> </ul>
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Vimpat will pay if there is at least one paid claim within the last 365 days of carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, zonisamide, or Vimpat