



Drug Name: Vimpat (lacosamide)

Effective Date: 2/01/2020

Reviewed: 11/2019, 6/2020, 5/2021

Required Medical Information:	<ul style="list-style-type: none">• The member has trialed and experienced an inadequate treatment response or intolerance to formulary carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide
Age Restriction:	<ul style="list-style-type: none">• Oral formulation approved for 4 years of age and older• IV formulation approved for 17 years of age and older
Coverage Duration:	12 months
Coding Logic for Step Therapy:	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
Quantity Limit:	60 tablets per 30 days