

STEP THERAPY POLICY

POLICY: Antiepileptics – Lacosamide Step Therapy Policy

- Vimpat® (lacosamide tablets and oral solution – UCB, generic)

REVIEW DATE: 03/16/2022; selected revision 04/20/2022 and 6/15/2022

OVERVIEW

Lacosamide is indicated for the following:¹

- **Treatment of partial-onset seizures** in patients \geq 1 month of age.
- **Adjunctive therapy in the treatment of primary generalized tonic-clonic seizures** in patients \geq 4 years of age.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic lacosamide tablets, generic lacosamide oral solution

Step 2: Vimpat tablets, Vimpat oral solution

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. No other exceptions are recommended.

REFERENCES

1. Vimpat® tablets and oral solution [prescribing information]. Smyrna, GA: UCB; October 2021.