

STEP THERAPY POLICY

- POLICY:** Antiseizure Medications – Lacosamide Step Therapy Policy
- Motpoly XR™ (lacosamide extended-release capsules – Aucta)
 - Vimpat® (lacosamide tablets and oral solution – UCB, generic)

REVIEW DATE: 03/13/2024

OVERVIEW

Lacosamide (Vimpat, generic) 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.

Motpoly XR is indicated for the **treatment of partial-onset seizures** in adults and in pediatric patients weighing \geq 50 kg.²

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: Motpoly XR, 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 2023.
2. Motpoly XR™ extended-release capsules [prescribing information]. Piscataway, NJ: Aucta; May 2023.

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