



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Vimpat™ (lacosamide)

Review Criteria

- Subject to Preferred Drug List requirements
- For oral therapy, member must be at least 4 years of age
- For injectable therapy, member must be at least 17 years of age
- Member must have diagnosis of partial seizures (can be used as monotherapy or adjunctive therapy) or primary generalized tonic-clonic seizures (adjunctive therapy only)
- Any other diagnosis will be reviewed with clinical documentation on a case-by-case basis

Limitations:

- Max daily dose for members weighing 50kg or more is 400mg daily
- Max daily dose for members weighing less than 50kg is based on mg/kg dosing in package insert