oscar

Clinical Guideline

Guideline Number: PG056, Ver. 1

Vimpat (lacosamide)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Vimpat (lacosamide) is an anticonvulsant indicated for the treatment of partial seizures. The exact mechanism by which Vimpat exerts its anticonvulsant effects is unknown. In vitro, Vimpat enhances slow inactivation of voltage-gated sodium channels, with subsequent stabilization of hyperexcitable neuronal membrates and inhibition of repetitive neuronal firing. It comes in a tablet, oral solution, and solution for injection.

Definitions

"Seizure" is a sudden change in behavior caused by electrical hypersynchronization of neuronal networks in the cerebral cortex.

Medical Necessity Criteria for Initial Authorization

Oscar covers Vimpat (lacosamide) tablet and solution when ALL of the following criteria are met:

1. Member is at least 4 years of age; *and*
2. The medication is being prescribed by a neurologist; *and*
3. Member has a diagnosis of partial (focal) seizures; *and*
4. Member has experienced an inadequate treatment response, intolerance, or contraindication to at least two of the following for at least 1 month duration:
    a. Carbamazepine
    b. Oxcarbazepine
    c. Topiramate
    d. Lamotrigine

e. Zonisamide
f. Levetiracetam

Oscar covers Vimpat (lacosamide) injection when ALL of the following criteria are met:

1. Member is at least 17 years of age; *and*
2. The medication is being prescribed by a neurologist; *and*
3. Member has a diagnosis of partial (focal) seizures; *and*
4. Member has experienced an inadequate treatment response, intolerance, or contraindication to at least two of the following for at least 1 month duration:
    a. Carbamazepine
    b. Oxcarbazepine
    c. Topiramate
    d. Lamotrigine
    e. Zonisamide
    f. Levetiracetam

<u>If the above prior authorization criteria are met, Vimpat (lacosamide) will be approved for 36 months.</u>

Medical Necessity Criteria for Reauthorization:

Reauthorization for 36 months will be granted if there is chart documentation stating the member has demonstrated a reduction in severity and/or frequency of seizures.

Experimental or Investigational / Not Medically Necessary

Vimpat (lacosamide) for any other indication is not covered by Oscar as it is considered experimental, investigational, or unproven.

References

1. Holtkamp D, Opitz T, Niespodziany I, et al. Activity of the anticonvulsant lacosamide in experimental and human epilepsy via selective effects on slow Na(+) channel inactivation. Epilepsia 2017; 58:27.
2. Perucca E, Yasothan U, Clincke G, Kirkpatrick P. Lacosamide. Nat Rev Drug Discov 2008; 7:973.
3. Vimpat (lacosamide) injection, oral solution, tablet [prescribing information]. Smyrna, GA: UCB Inc; February 2020.

Clinical Guideline Revision / History Information

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