VENTURA COUNTY
HEALTH CARE PLAN

CARE VALUE POLICY

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

REVIEW DATE: 03/13/2024

OVERVIEW

Lacosamide is indicated for the following:[1]
- **Treatment of partial-onset seizures** in patients ≥ 1 month of age.
- **Adjunctive therapy in the treatment of primary generalized tonic-clonic seizures** in patients ≥ 4 years of age.

Motpoly XR is indicated for the **treatment of partial-onset seizures** in adults and in pediatric patients weighing ≥ 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. Coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Step 1: generic lacosamide tablets, generic lacosamide oral solution

Step 2: Motpoly XR, Vimpat tablets, Vimpat oral solution

CRITERIA

1. If a 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.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Policy Name Change:** Changed from Antiepileptics – Lacosamide Care Value to Antiseizure Medications – Lacosamide Care Value Policy. No criteria changes.	03/01/2023
Annual Revision	**Motpoly XR:** Added to Step 2.	03/13/2024