PA Description	**Lacosamide (Vimpat)**
Managed by	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as *Administración de Seguros de Salud* or ASES) to provide pharmacy services to the insured of the Government Health Plan.
Covered Uses	Prescriptions for lacosamide will be approved for the following diagnosis: a) Treatment of partial-onset seizures in patients 1 month of age and older. (ICD-10-CM G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.2, G40.201, G40.209, G40.211, G40.219). b) Adjunctive therapy in the treatment of primary generalized tonic-clonic seizures in patients 4 years of age and older. (ICD-10-CM G40.309)
Exclusion Criteria	a) None
Required Medical Information	a) For intravenous injection: documentation that oral administration is not feasible. b) For pediatric patients 1 month to less than 17 years: documentation of body weight.
Age Restriction	a) For partial-onset seizures: Patients 1 month of age and older b) Adjunctive therapy in primary generalized tonic-clonic seizures: Patients 4 years of age and older
Prescriber Restriction	a) For first prescription: Neurologist
Coverage Duration	Twelve (12) months
Other Criteria	a) Follow package insert for instructions for dose administration

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