**LACOSAMIDE**

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| Manner of administration and form  | Max.Qty | №.ofRpts | Dispensed Price for Max. Qty | Proprietary Name and Manufacturer  |
| DRUG NAME (IN CAPITALS)**LACOSAMIDE**{Forms(s)} {strength(s)}100 mg tablet: film-coated, 56 tablets | 1 | 5 | $52.63 | **VIMPAT**UCB Australia Proprietary Limited |  |
|  |
| **Category /** **Program** | General Schedule |
| **Prescriber type:** | [ ] Dental [x] Medical Practitioners [ ] Nurse practitioners [ ] Optometrists[ ] Midwives |
| **Episodicity:** | N/A |
| **Severity:** | N/A |
| **Condition:** | Intractable partial epileptic seizures |
| **PBS Indication:** | Intractable partial epileptic seizures |
| **Treatment phase:** | Initial |
| **Restriction Level / Method:** | [ ] Restricted benefit[ ] Authority Required - In Writing[ ] Authority Required - Telephone[ ] Authority Required – Emergency[ ] Authority Required - Electronic[x] Streamlined |
| **Treatment criteria:** | Must be treated by a neurologist. |
| **Clinical criteria:** | The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent,**AND**The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents. |
| **Population criteria:** | Patient must be aged 16 years or older. |
| **Foreword** | N/A |
| **Definitions** | N/A |
| **Prescriber Instructions** | N/A |
| **Administrative Advice** | **Continuing Therapy Only:**For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.  |
| **Cautions** | N/A |