**LACOSAMIDE**

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| Manner of administration and form | | Max.  Qty | №.of  Rpts | 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 |  |
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| **Category /**  **Program** | General Schedule | | | | | |
| **Prescriber type:** | Dental 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  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 | | | | | |