HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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Schedule. For community funding, see the Special Authority Criteria.	the hospital setting . For more details, refer to Section H of the Pharmaceutical
PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Lacosamide	
INITIATION Re-assessment required after 15 months Prerequisites (tick boxes where appropriate)	
Patient has focal epilepsy and Seizures are not adequately controlled by, or patient has expr following: sodium valproate, topiramate, levetiracetam, and a Note: Those of childbearing potential are not required to trial phenytoin sodiu	perienced unacceptable side effects from, optimal treatment with all of the any two of carbamazepine, lamotrigine, and phenytoin sodium (see Note)
required to trial sodium valproate.	ani, sociam valproate, or topinamate. Those who can father children are not
CONTINUATION Prerequisites (tick box where appropriate)	
O Patient has demonstrated a significant and sustained improvement starting lacosamide treatment	t in seizure rate or severity and/or quality of life compared with that prior to

I confirm that the above details are correct:

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