

Vigabatrin



Included Products: Sabril (vigabatrin)

Created: 11/20/2009

Revised: 07/08/2021

Reviewed: 07/13/2023

Updated: 08/01/2023

Complex Partial Seizures

Initial Criteria		If yes	If no
1.	Is the diagnosis complex partial seizures?	Continue to #2.	Do not approve.
2.	Is the request for monotherapy?	Do not approve.	Continue to #3.
3.	Has the member failed adjunctive treatment with lamotrigine AND at least 2 of the following (3 total failures required): topiramate, felbamate, gabapentin, tiagabine, levetiracetam, oxcarbazepine, zonisamide or lacosamide?	Continue to #4.	Do not approve.
4.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Has there been medical record documentation of a reduction in seizures?	Continue to #2.	Do not approve.
2.	Has there been ongoing monitoring for vision loss (documentation that ophthalmologic examinations including visual field evaluation and dilated indirect ophthalmoscopy of the retina at baseline and at least every 3 months)?	Continue to #3.	Do not approve.
3.	Approve for 12 months.		

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Infantile Spasms

Initial Criteria		If yes	If no
1.	Is the diagnosis infantile spasms and the member is between 1 month and 2 years of age?	Continue to #2.	Do not approve.
2.	Approve for 1 month.		
Renewal Criteria		If yes	If no
1.	Is the member less than two years of age?	Continue to #2.	Do not approve.
2.	Has there been medical record documentation of a reduction in spasms or if this is not an initial renewal request, ongoing assessment that continuation of therapy is medically necessary?	Continue to #3.	Do not approve.
3.	Approve for 6 months, or less if the member is close to 2 years of age.		